Human Welfare and Community Action Commission

AGENDA
Wednesday, April 17, 2019
7:00 PM
South Berkeley Senior Center, 2939 Ellis St.
Berkeley, CA 94703

Preliminary Matters

1. Roll Call
2. Public Comment

Update/Action Items
The Commission may take action related to any subject listed on the agenda, except where noted.

Berkeley Community Action Agency Board Business

1. Approve Minutes from the 3/20/2019 Regular Meeting (Attachment A)

2. Review City of Berkeley FY 2018 Single Audit Report (Attachment B) – Staff

3. CSBG 2019 Discretionary Funding Update (Attachment C) — Staff

4. Review City Of Berkeley Funded Agency Program And Financial Reports — Staff (Attachment D)
    a. BORP Outreach Update
    b. Family Violence Law Center - Domestic Violence & Homeless Prevention

Other Discussion Items

5. Presentation and discussion by Michael Harank on the topic of Positive Behavior Support

6. Discuss a report from the Peace and Justice Commission regarding the Case of Mr. Leonard Powell – Commissioner Kohn (Attachment E)

7. Discuss the inclusion of other Commissions in the discussion of vacant housing units – Commissioner Kohn

8. Discuss Budget Review Subcommittee Set-Up – Commissioner Sood

9. Discuss 2018 City of Berkeley Health Status Report data from a socioeconomic perspective (Attachment F) – Commissioner Sood

10. Discuss possible recommendations to City Council relating to the City of Berkeley 1000 Person Plan to Address Homelessness (Attachment G) – Commissioner Sood

11. Discuss a City of Berkeley “Baby Bond” – Commissioner Sood

12. Update on West Berkeley Air Quality – Commissioner Bookstein

13. Update on the Closure of Alta Bates Hospital – Commissioner Omodele (Attachment H)

14. Review Latest City Council Meeting Agenda

15. Announcements

16. Future Agenda Items

Adjournment

Attachments

A. Draft Minutes of the 3/20/2019 Meeting
B. City of Berkeley FY 2018 Single Audit Report
C. CSBG Discretionary Funding Update
D. Family Violence Law Center – Domestic Violence & Homeless Prevention Program Report and Statement of Expense
E. Peace and Justice Commission Report: "Recommendation to Bring Justice to Mr. Leonard Powell and to Change Certain Policies that Provide Housing Stability for Homeowners and Tenants"
F. 2018 City of Berkeley Health Status Report
G. City of Berkeley 1000 Person Plan to Address Homelessness Council Report
H. Draft Council Report on the Closure of Alta Bates Hospital

Review City Council Meeting Agenda at City Clerk Dept. or
http://www.cityofberkeley.info/citycouncil

Communications

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This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting.**

Secretary:
Mary-Claire Katz
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510-981-5414
mkatz@CityofBerkeley.info

Mailing Address:
Human Welfare and Community Action Commission
Mary-Claire Katz, Secretary
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704

Human Welfare and Community Action Commission

DRAFT MINUTES
Wednesday, March 20, 2019
7:00 PM
South Berkeley Senior Center, 2939 Ellis St.
Berkeley, CA 94703

Preliminary Matters

1. Roll Call: 7:05PM
   Present: Dunner, Smith, Sood, Kohn, Omodele (7:17PM), Holman (7:25PM), Bookstein, Romo
   Absent: Vrankovecki, Deyhim
   Quorum: 6 (Attended: 8)
   Staff Present: Mary-Claire Katz, Rhianna Babka
   Public Present: Brianne Imada

2. Public Comment: 0

Update/Action Items

The Commission may take action related to any subject listed on the agenda, except where noted.

Berkeley Community Action Agency Board Business

1. Approve Minutes from the 2/20/2019 Regular Meeting (Attachment A)
   Action: M/S/C (Sood/Romo) to approve the 2/20/2019 minutes.
   Vote: Ayes – Dunner, Smith, Sood, Kohn, Omodele, Holman, Bookstein, Romo; Noes – None; Abstain – None; Absent – Vrankovecki, Deyhim.

2. By-Laws Subcommittee Update – Commissioners Omodele and Kohn (Attachment B)
   Commissioners discussed potential revisions to the HWCAC By-Laws.

3. Review City Of Berkeley Funded Agency Program And Financial Reports — Staff (Attachment C)
   A. Bay Area Outreach and Recreation Program – Recreation Services for Disabled
   Commissioners reviewed and discussed the Program and Financial Reports for Bay Area Outreach and Recreation Program.

Other Discussion Items

4. Discuss First Draft Local Hazard Mitigation Plan (LHMP) (http://www.cityofberkeley.info/mitigation) – Staff
   Commissioners discussed the Draft Local Hazard Mitigation Plan.

5. Update on Assessment of Vacant Properties Council Item – Staff
   Staff provided an update on the Assessment of Vacant Properties Council item.

6. Discuss possible advocating effort for “Positive Behavior Support” for Shelter Plus Care Clients – Commissioner Dunner

Commissioner Dunner gave a presentation on the concept of Positive Behavior Support.

7. Discuss a report from the Peace and Justice Commission regarding the Case of Mr. Leonard Powell – Commissioner Kohn (Attachment D)

   Public Comment: 1 resident. A representative of Friends of Adeline commented on the case of Mr. Leonard Powell.

   Action: M/S/C (Smith/Omodele) to extend the meeting to 9:10PM.
   Vote: Ayes – Dunner, Smith, Sood, Kohn, Omodele, Holman, Bookstein, Romo; Noes – None; Abstain – None; Absent – Vrankovecki, Deyhim.

   Action: M/S/C (Romo/Omodele) to extend the meeting to 9:15PM.
   Vote: Ayes – Dunner, Smith, Sood, Kohn, Omodele, Holman, Bookstein, Romo; Noes – None; Abstain – None; Absent – Vrankovecki, Deyhim.

   Action: M/S/C (Kohn/Smith) to send a communication to Council to support the sentiment of the Peace and Justice Commission report regarding the case of Mr. Leonard Powell.
   Vote: Ayes – Dunner, Smith, Sood, Kohn, Omodele, Holman, Bookstein, Romo; Noes – None; Abstain – None; Absent – Vrankovecki, Deyhim.

8. Discuss the City of Berkeley's RV Permit and Parking Policies – Commissioner Kohn
   Continued to the 4/17/2019 meeting.

9. Discuss Budget Review Subcommittee Set-Up – Commissioner Sood
   Continued to the 4/17/2019 meeting.

10. Update on West Berkeley Air Quality – Commissioner Bookstein
    Continued to the 4/17/2019 meeting.

11. Update on the Closure of Alta Bates Hospital – Commissioner Omodele (Attachment E)
    Continued to the 4/17/2019 meeting.

12. Review Latest City Council Meeting Agenda
    Continued to the 4/17/2019 meeting.

13. Announcements
    None.

14. Future Agenda Items
    None.

Adjournment

Action: M/S/C (Kohn/Smith) to adjourn at 9:16PM.

Vote: Ayes – Dunner, Smith, Sood, Kohn, Omodele, Holman, Bookstein, Romo; Noes – None; Abstain – None; Absent – Vrankovecki, Deyhim.

Attachments

A. Draft Minutes of the 2/20/2019 Meeting
B. HWCAC By-Laws
C. Bay Area Outreach and Recreation Program – Recreation Services for Disabled
D. Peace and Justice Commission Report: "Recommendation to Bring Justice to Mr. Leonard Powell and to Change Certain Policies that Provide Housing Stability for Homeowners and Tenants"
E. Draft Council Report on the Closure of Alta Bates Hospital

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City of Berkeley

Berkeley, California

Single Audit Report

For the year ended June 30, 2018

BADAWI & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

City of Berkeley
Single Audit Report

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BADAWI & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Honorable Mayor and Members of City Council
of the City of Berkeley
Berkeley, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the discretely presented component units, each major fund, and the aggregate remaining fund information of City of Berkeley, California (City), as of and for the year ended June 30, 2018, and the related notes to the financial statements, which collectively comprise the City's basic financial statements, and have issued our report thereon dated December 27, 2018.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the City's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the City's internal control. Accordingly, we do not express an opinion on the effectiveness of the City's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Address: 180 Grand Avenue, Suite 1500 Oakland, CA 94612 • Phone: 510.768.8251 • Fax: 510.768.8249

Compliance and Other Matters

As part of obtaining reasonable assurance about whether City's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Badawi and Associates
Certified Public Accountants
Oakland, California
December 27, 2018

BADAWI & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Honorable Mayor and Members of City Council
of the City of Berkeley
Berkeley, California

Report on Compliance for Each Major Federal Program

We have audited the City of Berkeley, California (City)'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have direct and material effect on each of the City's major federal programs for the year ended June 30, 2018. City's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the City's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the City's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the City's compliance.

Opinion on Each Major Federal Program

In our opinion, the City complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs for the year ended June 30, 2018.

Other Matters

The results of our auditing procedures disclosed instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2018-001. Our opinion on each major federal program is not modified with respect to these matters.

The City's response to the noncompliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The City's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control over Compliance

Management of the City is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the City's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the City's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified one deficiency in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as item 2018-001 that we consider to be significant deficiency.

The City's response to the internal control over compliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The City's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards and Supplementary Information Required by the Uniform Guidance, State of California, and County of Alameda

We have audited the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of the City, as of and for the year ended June 30, 2018, and the related notes to the financial statements, which collectively comprise the City's basic financial statements. We issued our report thereon dated December 27, 2018, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards and supplementary schedules on pages 15 to 18 are presented for purposes of additional analysis as required by the Uniform Guidance, State of California, and County of Alameda and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards and supplementary schedules on pages 15 to 18 are fairly stated in all material respects in relation to the basic financial statements as a whole.

Badawi & Associates

Badawi and Associates
Certified Public Accountants
Oakland, California
March 28, 2019, except for the schedule of expenditures
of federal awards, which is as of December 27, 2018

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City of Berkeley
Schedule of Expenditures of Federal Awards
For the year ended June 30, 2018

Grantor Agency and Grant Title	Federal Catalog Number	Pass-through/ Federal Award Number	Program Expenditures	Subrecipient Payments
U.S. Department of Agriculture:				
Pass-through State Department of Health Services:				
Special Supplemental Nutrition Program for Women, Infants and Children	10.557	15-10060	$ 456,220	$ -
Child Nutrition Cluster				
Pass-through State Department of Education:				
Summer Food Service Program for Children	10.559	04021-SFSP-01	41,474	-
		Subtotal Child Nutrition Cluster	41,474	-
Total U.S. Department of Agriculture			497,694	-
U.S. Department of Commerce:				
Economic Development Cluster				
Direct Program:				
Business Economic Development Administration Revolving Loan Fund	11.307	07-39-02523	708,037	-
		Subtotal Economic Development Cluster	708,037	-
Total U.S. Department of Commerce			708,037	-
U.S. Department of Housing and Urban Development:				
CDBG-Entitlement Grants Cluster				
Direct Programs:				
Community Development Block Grant	14.218	B-16-MC-06-0008	1,986,723	1,052,964
Community Development Block Grant - Program Income	14.218	B-16-MC-06-0008	404,186	-
		Subtotal CDBG-Entitlement Grants Cluster	2,390,909	1,052,964
Direct Programs:				
Shelter Plus Care Program	14.238	CA0108L9T021508/Pathways CA0108L9T021609/Pathways CA0116L9T021508/TBRA CA0116L9T021609/TBRA CA0121L9T021508/SHN CA0121L9T021609/SHN CA0749L9T021405/COACH CA0749L9T021506/COACH CA0827L9T021401/HOAP CA0827L9T021502/HOAP	4,047,066	-
Pass-through Alameda County:				
Shelter Plus Care Program	14.238	CA0085L9T021609-TRA	489,472	-
		Subtotal CFDA 14.238	4,536,538	-
Direct Programs:				
Emergency Shelter Grants Program	14.231	E-16-MC-06-0008	221,327	197,359
Direct Programs:				
Home Investment in Affordable Housing	14.239	M-16-MC-06-0202	882,899	28,115
Home Investment in Affordable Housing (Program Income)	14.239	M-16-MC-06-0202	309,400	-
		Subtotal CFDA 14.239	1,192,299	28,115
Direct Programs:				
Continuum of Care Program	14.267	Not Available	41,876	41,876
Total U.S. Department of Housing and Urban Development			8,382,949	1,320,314
U.S. Department of Transportation:				
Highway Planning and Construction Cluster				
Pass-through the State Department of Transportation:				
Hearst Avenue Complete Street	20.205	04-5057F15-F029-ISTEA	1,366,832	-
ATP SR25 Cycle 1 LeConte Elementary School	20.205	04-5057F15-F030-ISTEA	18,661	-
goBerkeley Residential Shared Parking Pilot	20.205	04-5057F15-F031-ISTEA	42,219	-
Gilman Street and Union Pacific Railroad	20.205	75LX291	79,404	-
		Subtotal Highway Planning and Construction Cluster	1,507,116	-
Highway Safety Cluster				
Pass-Through the State of California - Office of Traffic Safety:				
Selective Traffic Enforcement Program	20.600	PT15141	146,284	-
Selective Traffic Enforcement Program	20.600	PT15141	62,095	-
		Subtotal Highway Safety Cluster	208,379	-
Total U.S. Department of Transportation			1,715,495	-

See accompanying Notes to Schedule of Expenditures of Federal Awards

City of Berkeley
Schedule of Expenditures of Federal Awards, Continued
For the year ended June 30, 2018

Grantor Agency and Grant Title	Federal Catalog Number	Pass-through/ Federal Award Number	Program Expenditures	Subrecipient Payments
U.S. Department of Health and Human Services:				
Pass-Through the California Department of Health and Human Services:				
Retail Food Safety Program Plan	93.103	5U18FD004690-02	39,420	-
U.S.FDA-Local Retail Food Safety	93.103	5U18FD005574-02	65,766	-
		Subtotal CFDA 93.103	105,186	-
Aging Cluster				
Pass-Through County of Alameda Area Agency on Aging:				
Special Programs for the Aging - Title III, Part C - Nutrition Services	93.045	900161	61,814	-
Special Programs for the Aging - Title III, Part B - Senior Center Activities	93.044	900161	27,389	-
		Subtotal Aging Cluster	89,203	-
Medicaid Cluster				
Pass-Through State of California, Department of Health Care Services:				
Ground Emergency Medical Transportation Services Reimbursement Program	93.778	Not Available	180,000	-
Medi-Cal Targeted Case Management-MAA	93.778	16-93078	90,000	-
Medi-Cal Administrative Activities (MAA)	93.778	16-93078	50,000	-
Pass-Through Alameda County Children & Family Services:				
Services to Enhance Early Development	93.778	900161	40,739	-
		Subtotal Medicaid Cluster	360,739	-
Pass-Through State of California, Department of Health Care Services:				
Child Health and Disability Prevention	93.994	Not Available	88,247	-
Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment	93.994	Not Available	149,294	-
Health Care Program for Children in Foster Care	93.994	Not Available	42,846	-
Maternal and Child Health Services Block Grant	93.994	2016-59	279,338	-
		Subtotal CFDA 93.994	559,725	-
Pass-Through State of California, Department of Health Care Services:				
Public Health Emergency Preparedness: CDC Base Allocation	93.074	14-10493	182,921	-
Emergency Preparedness-Cities Readiness Initiative (CRI)	93.074	14-10493	35,311	-
		Subtotal CFDA 93.074	218,232	-
Pass-Through State of California, Department of Community Services and Development:				
Community Services Block Grant	93.569	17F-2001	138,838	80,000
Community Services Block Grant	93.569	18F-2001	105,622	40,000
		Subtotal CFDA 93.569	244,460	120,000
Pass-Through Essential Access Health:				
Family Planning Services	93.217	412-5320-71209-17-18	116,838	-
Pass- Through County of Alameda Area Agency on Aging:				
Special Programs for the Aging - Title III, Part E - Family Caregiver	93.052	900161	33,538	-
Pass-Through State of California, Department of Health Care Services:				
Tuberculosis - Real Time Allotment	93.116	6UN52PS004656	14,213	-
Childhood Immunization Grants	93.268	15-10413	14,012	-
Nutrition Education	93.945	16-10164	267,663	-
Pass-Through Alameda County Public Heath Department				
Expanded HIV Testing in Public Health Clinical Setting	93.343	900161	29,964	-
Total U.S. Department of Health and Human Services			2,053,773	120,000
U.S. Department of Homeland Security:				
Pass-Through California Governor's Office of Emergency Service				
Hazard Mitigation Grant - Retrofit for Hazardous Buildings	97.039	FEMA-4240-DR, CA. Project #21 FIPS# 001-06000	443,907	-
Total U.S. Department of Interior			443,907	-
Total Federal Expenditures			$ 13,801,855	$ 1,440,314

City of Berkeley
Single Audit Report
Notes to Schedule of Expenditures of Federal Awards
For the year ended June 30, 2018

1. REPORTING ENTITY

The financial reporting entity, as defined by Governmental Accounting Standards Board (GASB), consists of the primary government, which is the City of Berkeley (City), organizations for which the primary government is financially accountable, and other organizations for which the nature and significance of their relationship with the primary government are such that exclusion would cause the reporting entity's financial statements to be misleading or incomplete. The City of Berkeley Rent Stabilization Board is the only component unit of the City.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Funds received under the various grant programs have been recorded within the general, special revenue, capital projects, and enterprise funds of the City. The City utilizes the modified accrual basis of accounting for the general, special revenue, and capital project funds. The accrual basis of accounting is used for the enterprise fund. The accompanying Schedule of Expenditures of Federal Awards (Schedule) is presented in accordance with the requirements of the U*niform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Schedule of Expenditures of Federal Awards

The accompanying Schedule presents the activity of all Federal financial assistance programs of the City. Federal financial assistance received directly from Federal agencies as well as Federal financial assistance passed through the State of California and other agencies are included in the Schedule. The Schedule of Expenditures of Federal Awards was prepared from only the accounts of various grant programs and, therefore, does not present the financial position or results of operations of the City.

3. INDIRECT COSTS

The City did not elect to use the 10% de minimis indirect cost rate.

4. CALCULATION OF FEDERAL EXPENDITURES – CFDA 11.307

Federal expenditures for the Business Economic Development Administration Revolving Loan Fund (CFDA 11.307) were calculated as follows per program requirements:

Balance of RLF principal outstanding on loans at the end of the recipient's fiscal year	$	460,618
Cash and investment balance in the RLF at the end of the recipient's fiscal year		357,909
Administrative expenses paid out of RLF income during the recipient's fiscal year		7,234
Amount due to the City of Berkeley at the end of the receipient's fiscal year		(117,724)
		708,037
The Federal share of the RLF.		100%
Federal expenditures for FY2017-18	$	708,037

City of Berkeley
Single Audit Report
Schedule of Findings and Questioned Costs
For the year ended June 30, 2018

Section I – Summary of Auditors' Results

Financial Statements

Types of auditors' report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? No
- Significant deficiency(ies) identified? None noted

Any noncompliance material to the financial statements noted: No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? No
- Significant deficiency(ies) identified? Yes

Types of auditors' report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with section 200.516(a): Yes

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster	Expenditures
11.307	Economic Adjustment Assistance	$ 708,037
14.218	Community Development Block Grants/Entitlement Grants	2,390,909
14.239	Home Investment Partnerships Program	1,192,299
20.205	Highway Planning and Construction	1,507,116
20.606	State and Community Highway Safety	208,379
	Total Expenditures of All Major Federal Programs	$ 6,006,740
	Total Expenditures of Federal Awards	$ 13,801,855
	Percentage of Total Expenditures of Federal Awards	44%

Dollar threshold used to distinguish between type A and type B program: $750,000

Auditee qualified as low-risk auditee under section 200.520? No

City of Berkeley
Single Audit Report
Schedule of Findings and Questioned Costs, Continued
For the year ended June 30, 2018

Section II –Current Year Findings

A. Current Year Findings – Financial Statement Audit

No financial statement findings in the current year.

B. Current Year Findings and Questioned Costs – Major Federal Award Program Audit

2018-001 Verification of Debarment or suspension for Covered Contracts (Significant deficiencies)

Program:
Highway Planning and Construction Program (CFDA Number 20.205, U.S Department of Transportation, Pass through the State of California Department of Transportation, No. 75LX291).

Criteria:
Per 2 CFR Section 180.300 when a non-federal entity enters into a covered transaction with an entity at a lower tier, the non-federal entity must verify that the entity is not suspended or debarred or otherwise excluded. This verification may be accomplished by checking the *Excluded Parties List System (EPLS)* maintained by the General Services Administration (GSA), collecting a certification from the entity, or adding a clause or condition to the covered transaction with that entity.

Condition:
During the performance of the audit, the City could not provide documentation to demonstrate that verification had been performed for a covered contract entered into.

Cause:
For covered transactions funded with Highway Planning and Construction Program funds, the City did not maintain documentation of the verification procedures performed, and did not include a condition for debarment or suspension in the agreement between the entity and the City.

Context and Effect:
The City would not be able to show that a debarment or suspension verification had been performed at the time the City entered into an agreement with the entity.

Questioned Costs:
No questioned costs were noted.

Recommendation:
We recommend that the City print out such verifications and file a copy of the verification in the vendor's contract file when covered contracts are entered into and for any subsequent verification, collecting a certification from the entity, or adding a clause or condition to the covered transaction with that entity.

City of Berkeley
Single Audit Report
Schedule of Findings and Questioned Costs, Continued
For the year ended June 30, 2018

Section II –Current Year Findings, Continued

B. Current Year Findings and Questioned Costs – Major Federal Award Program Audit, Continued

2018-001 Verification of Debarment or suspension for Covered Contracts, Continued

View of Responsible Officials and Planned Corrective Action:

The City acknowledges the findings of the auditor and the need to prevent similar occurrences in the future. Existing City policy and contracting procedures include a contract execution checklist specifying documentation of compliance with federal suspension/debarment requirements. While that policy is routinely followed for contracts with federal funding, that documentation was not included in one instance where at the time of contract execution, an on-call contract was not explicitly anticipated for use with federally funded projects. The City has since confirmed that the on-call contractor does comply with the federal suspension/debarment requirements. However, in order to ensure that future projects continue to include the necessary documentation at the time of execution, City staff has been instructed to follow existing procedures for any contract that may be used for federally funded work or to execute a new contract following these procedures when necessary. This includes verifying by checking the Excluded Parties List System (EPLS) maintained by the General Services Administration. The City will include a copy of the verification in the vendor contract file. Written reminders of this policy will be provided to existing and new staff.

Section III- Prior Year Findings

A. Prior Year Findings – Financial Statement Audit

No financial statement findings in the current year.

B. Prior Year Findings and Questioned Costs – Major Federal Award Program Audit

2017-001 Special Tests and Provisions (Housing Quality Standards), Control Activities (Material Weakness) and Compliance

Program:
Home Investment Partnerships Program (CFDA Number 14.239, U.S. Department of Housing and Urban Development, Direct Program, Award Number M-16-MC-060202)

Criteria:
Per 24 CFR Section 92.504(d)(ii), during the period of affordability, the participating jurisdiction must perform on-site inspections of HOME-assisted rental housing to determine compliance with the property standards of § 92.251 and to verify the information submitted by the owners in accordance with the requirements of § 92.252. The inspections must be in accordance with the inspection procedures that the participating jurisdiction establishes to meet the inspection requirements of § 92.251.

City of Berkeley
Single Audit Report
Schedule of Findings and Questioned Costs, Continued
For the year ended June 30, 2018

Section III- Prior Year Findings, Continued

B. Prior Year Findings and Questioned Costs – Major Federal Award Program Audit, Continued

2017-001 Special Tests and Provisions (Housing Quality Standards), Control Activities (Material Weakness) and Compliance, Continued

Condition:
During the audit, we noted that out of 13 properties due for inspection in the current fiscal year, the City had performed such inspections for only 4 properties.

Cause:
In the past, the City of Berkeley Planning Department's Rental Housing Safety Program (RHSP) assisted in the performance of housing quality inspections for local codes. Due to staffing shortages in the department, RHSP was not able to provide support to monitor the HOME-funded units that were due for physical inspections during the year. The City attempted but was unsuccessful in hiring a Housing Inspector due to inadequate responses from qualified candidates during the year, and was also unable to hire an independent consultant due to insufficient number of bid responses to perform the needed inspections.

Context and Effect:
The City currently has 9 properties that are past due for housing quality standards inspection

Questioned Costs:
No questioned costs were noted.

Recommendation:
We recommend that the City implement additional policies and procedures over housing quality standard inspections to ensure resources are available at the beginning of the year to perform all necessary inspections.

View of Responsible Officials and Planned Corrective Action:

The City accepts the finding for the period in question that the City did not perform all of the required inspections of HOME-assisted affordable housing units as required in 24 CFR 92.504(d).

The City will like to clarify the scope of the problem and describe its current and future efforts to ensure all properties are inspected as required.

The cause for noncompliance was due to staffing shortages following the retirement of a long-time housing inspector. During the audit period, the City diligently attempted to secure the staffing resources needed to complete the inspections. The City was unsuccessful originally in both of its approaches which was to hire a permanent staff internally or hire an outside contractor to provide the inspection services. The City was able to hire an internal staff as an Inspector after the second round of recruitment. The work plan has been prioritized and the City will inspect the remaining 9 HOME-Assisted properties within the current fiscal year as well as one of the two other properties that is due to be inspected by 6/30/2018. This will bring the City back to full compliance with the inspection schedule.

City of Berkeley
Single Audit Report
Schedule of Findings and Questioned Costs, Continued
For the year ended June 30, 2018

Section III- Prior Year Findings, Continued

C. Prior Year Findings and Questioned Costs – Major Federal Award Program Audit, Continued

2017-001 Special Tests and Provisions (Housing Quality Standards), Control Activities (Material Weakness) and Compliance, Continued

View of Responsible Officials and Planned Corrective Action, Continued:

The City has also recently re-organized the work group and added a supervisor to increase the capacity to meet all required scopes of work within the required timeframes.

Status:
Implemented

SUPPLEMENTAL SCHEDULES

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CITY OF BERKELEY
COMMUNITY ACTION AGENCY
SUPPLEMENTAL STATEMENT OF REVENUE AND EXPENDITURES
CFDA 93.569
CSBG CONTRACT 17F-2001 for CY 2017
FOR THE PERIOD January 1, 2017 THROUGH December 31, 2017
Grant Award Thru December 31, 2017

	January 1, 2017 through June 30, 2017	July 1, 2017 through December 31, 2017	Total Audited Cost	Total Reported Rev./Exp. Contract -To-Date	Total Budget
REVENUE					
Grant Revenue	132,229	133,348	265,577	265,577	265,577
Accrued Revenue	-	-	-	-	-
Total Revenue	132,229	133,348	265,577	265,577	265,577
EXPENDITURES					
Personnel Costs					
Salaries & Wages	27,980	36,989	64,969	64,969	64,013
Fringe Benefits	16,238	20,819	37,058	37,058	40,588
Other Expense	-	1,030	1,030	1,030	-
Sub-total Personnel Costs	44,219	58,838	103,057	103,057	104,601
Non-personnel Costs					
Professional Services	107	-	107	107	-
Subcontractors	79,662	80,000	159,662	159,662	160,000
Other Cost	-	-	-	-	
Sub-total Non-personnel Costs	79,769	80,000	159,769	159,769	160,000
Total Costs	123,988	138,838	262,826	262,826	264,601
Revenue over (under) costs	8,241	(5,490)	2,751	2,751	

CITY OF BERKELEY
COMMUNITY ACTION AGENCY
SUPPLEMENTAL STATEMENT OF REVENUE AND EXPENDITURES
CFDA 93.569
CSBG CONTRACT 18F-2001 for CY 2018
FOR THE PERIOD January 1, 2018 THROUGH June 30, 2018
Grant Award Thru December 31, 2018

	January 1, 2018 through June 30, 2018	July 1, 2018 through December 31, 2018	Total Audited Cost	Total Reported Rev./Exp. Contract -To-Date	Total Budget
REVENUE					
Grant Revenue	155,069	-	155,069	155,069	269,935
Accrued Revenue	-	-	-	-	-
Total Revenue	155,069	-	155,069	155,069	269,935
EXPENDITURES					
Personnel Costs					
Salaries & Wages	40,829	-	40,829	40,829	61,043
Fringe Benefits	24,792	-	24,792	24,792	41,145
Other Expense	-	-	-	-	1,030
Sub-total Personnel Costs	65,621	-	65,621	65,621	103,218
Non-personnel Costs					
Professional Services	-	-	-	-	-
Subcontractors	40,000	-	40,000	40,000	160,000
Other Cost	-	-	-	-	6,717
Sub-total Non-personnel Costs	40,000	-	40,000	40,000	166,717
Total Costs	105,621	-	105,621	105,621	269,935
Revenue over (under) costs	49,448	-	49,448	49,448	

Confirmation of Audit of Alameda County Programs
for Community Based Organizations (CBO)

Contractor Name: City of Berkeley
Supervising Department: BHSVC
Audit Review Coordinator: _____
Type of Audit Required: Financial Audit Report

If additional sheets included, please check box
Audit Period Ended: 6/30/2018

	List of County Programs				During Audit Period (7/1/17 – 6/30/18)	
Program Name	**County Dept. (ex. BHCS, HCSA, PH)**	**Master & Procurement Contract Number(s) MC-PC #**	**Contract Period (begin & end date mm/dd/yy)**	**Contract Amount (amount awarded to CBO)**	**Expenditures (amt spent by CBO)**	**Amount Received from County**
Congregate Meal Program	SSA-Adult, Aging & Medic Cal Services	900161-15978	7/1/2017 - 6/30/2018	$ 35,116	$ 35,295	$ 27,773
Home Delivered Meal Program	SSA-Adult, Aging & Medic Cal Services	900161-15976	7/1/2017 - 6/30/2018	$ 39,846	$ 39,539	$ 32,819
Information & Assistance Services	SSA-Adult, Aging & Medic Cal Services	900161-15977	7/1/2017 - 6/30/2018	$ 51,740	$ 51,775	$ 42,190
Family Caregiver Support Program	SSA-Adult, Aging & Medic Cal Services	900161-16004	7/1/2017 - 6/30/2018	$ 37,969	$ 37,981	$ 28,065
Senior Center Activities	SSA-Adult, Aging & Medic Cal Services	900161-15975	7/1/2017 - 6/30/2018	$ 29,854	$ 29,873	$ 24,454
Transition to Independence Program (TIP)	Behavioral Health Care Services BHSVC	900161-15186	7/1/2017 - 6/30/2018	$ 756,214	$ 473,538	$ 331,727
MSA Public Health Infrustructure	Public Health Department PHSVC	900161-15449	7/1/2017 - 6/30/2018	$ 32,080	$ 31,991	$ -
School Based Health Center	Health Care Services Agency	900161-15498	7/1/2017 - 6/30/2018	$ 176,250	$ 176,667	$ 108,960
Measure A-School Based Health Services	Public Health Department PHSVC	900161-15489	7/1/2017 - 6/30/2018	$ 187,164	$ 162,550	$ -
Tobacco Prevention Program	Public Health Department PHSVC	900161-15463	7/1/2017 - 6/30/2018	$ 73,680	$ 72,165	$ 40,182
Expanded HIV Testing in Public Health Clinical Setting	Public Health -Office of AIDS Admin	900161-14616	1/1/2017 - 12/31/2017	$ 50,000	$ 30,667	$ 29,964
Services to Enhance Early Development (SEED) aka Foster Care Contract	Children & Family Services	900161-15879	7/1/2017 - 6/30/2018	$ 93,187	$ 81,477	$ 62,370
Homeless Coordinated Entry Services	Health Care Services Agency	Procurement Contract # 15429	8/01/2017-6/30/2020	$ 4,431,337	$ 777,674	$ 202,298
			Total	$ 5,994,437	$ 2,001,192	$ 930,802

I certify that the above County programs were included in the audit specified above. I understand that in accordance with CAM Exhibit D (I)(C)(3) requirements, all audit reports must identify each county program covered in the audit by contract number, contract amount, and contract period.

Contractor's Signature _____ Date: 3/26/19

Contractor's Name (print) HENRY OYEKANMI Title: Director of Finance

For Alameda County Use Only:

Received By: _____ Dept: _____ Date: _____

Health Housing and
Community Services Department
Housing & Community Services Division

MEMORANDUM

To: Members, Human Welfare and Community Action Commission (HWCAC)

From: Amy Davidson, Interim HCS Manager

Date: April 17, 2019

Subject: **Community Services Block Grant (CSBG) Discretionary Funding**

On January 22, 2019 City Council authorized the City Manager and her designee to execute a CSBG contract for the amount of $266,863. On April 4, 2019, the State Department of Community Services and Development (CSD) issued a letter stating that the final award for the City will increase to $296,863. This is a $30,000 discretionary funding increase.

HHCS staff recommends using the $30,000 discretionary funding to cover rent subsidies for clients who participate in the Shelter Plus Care program. The City of Berkeley Shelter Plus Care Program administers federal rental subsidies that are matched by locally provided services to transition formerly homeless, disabled individuals and families into permanent, supportive housing. Currently, the City of Berkeley administers six Shelter Plus Care grants, providing about 263 units of supportive housing for homeless and disabled people. These housing subsidies allow tenants to pay no more than 30% of their income on rent.

The $30,000 would fund rental subsidies to help offset increasing rents as the Bay Area continues to experience a rental housing crisis making it harder to find permanent housing for people with no or limited income. As rental costs have continued to increase, HUD funding has not kept pace to sufficiently cover the rise in rent and security deposit costs expected by landlords. This funding will support the program in continuing to provide stable, long-term housing and ongoing services to the most indigent and struggling City residents, who would otherwise most likely live on the streets of Berkeley.

ATTACHMENT D

Help with this page

Reload Outcomes

City of Berkeley Housing & Community Services Department
2180 Milvia Street
Berkeley, CA 94704
Contact: Rhianna Babka, RBabka@cityofberkeley.info 510.981.5410

Return to Main Page

Program: Domestic Violence & Homeless Prevention (DVHP)
Agency: Family Violence Law Center

City of Berkeley
Community Agency
CLIENT CHARACTERISTICS REPORT

Contract No: 010582

This Report Due: **Jan 31, 2019**

Agency:	Family Violence Law Center	Period of:	**1st Half 2019**
Program:	Domestic Violence & Homeless Prevention (DVHP)	Prepared By:	Erin Scott
Phone:	(510) 208-0220 ext	E-mail:	escott@fvlc.org

1. CLIENT SUMMARY - 1st Half

	1st Half	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	1,168	1,168
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	97	97
C. Total New Berkeley Clients Served for Whom You Were **NOT** Able to Gather Statistics on Age, Race/Ethnicity, and Income:	16	16
D. Total New Berkeley Clients Served:	113	113

2. DEMOGRAPHIC DATA

RACE - Unduplicated Count	Previous Periods		Report Period		Year-To-Date	
Single Race Categories	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity
American Indian/Alaskan Native	0	0	1	0	**1**	**0**
Asian	0	0	13	0	**13**	**0**
Black/African American	0	0	29	0	**29**	**0**
Native Hawaiian/Pacific Islander	0	0	1	0	**1**	**0**
White	0	0	34	15	**34**	**15**
Combined Race Categories						
American Indian/Alaskan Native & White	0	0	1	0	**1**	**0**
Asian & White	0	0	2	0	**2**	**0**
Black/African American & White	0	0	0	0	**0**	**0**
American Indian/Alaskan Native & Black/African American	0	0	0	0	**0**	**0**
Other Combined Race Categories	0	0	1	0	**1**	**0**
TOTALS	**0**	**0**	**82**	**15**	**82**	**15**
TOTAL SERVED	0		97		97	

3. INCOME LEVEL

View AMI Table

Income Level - Unduplicated Count	Previous Periods	This Period	YTD
Poverty	0	29	**29**
Poverty to 30% of AMI (Ex. Low)	0	2	**2**
31-50% of AMI (Low)	0	62	**62**
51-80% of AMI (Moderate)	0	4	**4**
Above 80% of AMI	0	0	**0**
TOTALS	**0**	**97**	**97**

4. AGE

Age - Unduplicated Count	Previous Periods	This Period	YTD
0-5	0	0	**0**
6-11	0	0	**0**
12-17	0	1	**1**
18-24	0	14	**14**
25-44	0	57	**57**
45-54	0	13	**13**
55-61	0	4	**4**
62 and Over	0	8	**8**
Unknown	0	0	**0**
TOTALS	**0**	**97**	**97**

5. OTHER CHARACTERISTICS

Other Characteristics - Unduplicated Count	Previous Periods	This Period	YTD
Female	0	89	**89**
Male	0	8	**8**

ATTACHMENT D

Other		0	
Disabled	0	10	**10**
Homeless	0	3	**3**
Chronically Homeless	0	1	**1**
Female Head of Household	0	15	**15**

6. SERVICE MEASURES

		Annual Goal		1st Half		2nd Half		Served YTD		% Served	
Service Measures		UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients
***** Legal / Mediation Services *****											
1	Legal/Mediation Sessions	50	20	198	37			198	37	396%	185%
2	Education/Training Sessions	350	125	127	92			127	92	36%	74%

Service Measure Definitions: Hide

Education/Training Sessions	Crisis Intervention Specialist provides crisis counseling, safety planning, case management, assists with Victims of Crime applications and connects clients to other services. Crisis services are provided during business hours, Monday through Friday by the funded Crisis Intervention Specialist and by in-kind resources after hours, on weekends and on holidays.
Legal/Mediation Sessions	Legal services are provided during business hours, Monday through Friday. FVLC holds three legal clinics and also provides one-on-one meetings to clients who need additional assistance. FVLC's Crisis Intervention Specialists conduct legal intakes, provide legal information and support legal clients during their cases. FVLC also will provide in-kind attorney representation for Berkeley residents, paid for by private foundation and other government grants.

1st Half Narrative

Derek came to us as a referral from UC Berkeley. He was in a tenuous and volatile living situation with his ex-partner, Kyle. Kyle then decided that he wanted to see other people so he moved Derek out of their bedroom and into the living room and when Derek objected, Kyle got violent and threatening. As the months went on, Kyle got increasingly violent and threatening towards Derek and he was very scared for his well-being. Kyle threatened other roommates in the house as well and no one felt safe. When Derek came to us he was very anxious and the stress of the situation was affecting his health. He was at his wits end and did not know how to handle this situation. We assisted Derek with safety planning, legal advocacy, and supported him through the restraining order process. We also provided him with numerous resources for counseling, housing assistance, and civil litigation. He was able to obtain a restraining order against Kyle and he is slowly healing from his trauma.

You have 14 characters left.

7. OUTCOMES

	Outcomes	Annual Goal	1st Half Achieved Outcome	2nd Half Achieved Outcome	Achieved Outcome YTD	% Achieved Outcome of Annual Goal	% Achieved Outcome of Total Served
1	Clients disputes or legal problems resolved	10	39		39	390%	35%
1	Clients remained stably housed	10	38		38	380%	34%
1	Clients rights protected, restored or acquired	10	22		22	220%	19%
2	Participants achieved enhanced skills or knowledge	65	113		113	174%	100%

1st Half Narrative

Susan contacted us to seek a restraining order against her husband, Alan. Susan's marriage to Alan was marked with verbal, emotional, and physical abuse that included threats, name-calling, yelling, pushing, shaking, and strangulation. After Susan told Alan she wanted to get a job, he became upset, threatened her and pushed her until she fell backward onto a table. A police report was filed and passed onto our Berkeley advocate and she reached out to Susan. We provided safety planning help and completed a legal intake for a restraining order.

One of FVLC's Staff Attorneys assisted Susan with completing the paperwork, understanding options for personal service, prepared her for the hearing, and helped her to prepare her spousal support request. At her hearing, Susan successfully obtained a restraining order requiring Alan to move out and awarding spousal support to assist Susan in getting back on her feet, moving toward an independent life free from Alan's abuse and control.

You have 8 characters left.

Report Submitted by: Erin Scott Date: 02/28/2019 Accepted by: Mary-Claire Katz Date: 02/28/2019

Report modified by: Modify Report Reset

Initially submitted: Feb 28, 2019 - 15:59:44

ATTACHMENT D

Return to Reports Page

CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
10/01/2018 TO 12/31/2018

Note: Any variation from the Approved Budget exceeding ten percent (10%) requires a Budget Modification Form.

Agency Name: Family Violence Law Center
Contract #: 010582
Program Name: Domestic Violence & Homeless Prevention (DVHP)
PO #: 115112
Funding Source : General Fund

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total Expenditure	Budget Balance
Executive Director	Erin Scott	$2,352.00	$1,393.76	$958.24			$2,352.00	$0.00
Crisis Intervention Specialist	Tenisha Keys	$37,787.00	$10,500.75	$9,948.66			$20,449.41	$17,337.59
Finance Director	Juliet Crosby	$1,977.00	$505.07	$534.39			$1,039.46	$937.54
Taxes/Benefits		$7,452.00	$2,201.95	$2,489.04			$4,690.99	$2,761.01
Books,Subscriptions and Reference		$722.00		$216.60			$216.60	$505.40
Professional Serivices		$4,302.00	$1,486.17	$1,376.19			$2,862.36	$1,439.64
Indirect Costs		$5,449.00	$1,608.78	$1,552.31			$3,161.09	$2,287.91
TOTAL		$60,041.00	$17,696.48	$17,075.43			$34,771.91	$25,269.09

Advances Received $30,020.00
Underspent/(Overspent) (-$4,751.91)

Explain any staffing changes and/or spending anomalies that do not require a budget modification at this time:
Taxes Benefits line effected by insurance billing a month ahead, by the end of the grant no more than twelve months will be billed.

Upload of Resumes for New Staff (required): Go to Document Upload page

- [x] Expenditures reported in this statement are in accordance with our contract agreement and are taken from our books of account which are supported by source documentation.
- [x] All federal and state taxes withheld from employees for this reporting period were remitted to the appropriate government agencies. Furthermore, the employer's share or contributions for Social Security, Medicare, Unemployment and State Disability insurance, and any related government contribution required were remitted as well.

Prepared By: Juliet Crosby Email: jcrosby@fvlc.org Date: 01/29/2019
Authorized By: Erin Scott Email: escott@fvlc.org
Name of Authorized Signatory with Signature on File

Approved By:		**Examined By:**		**Approved By:**	
Mary-Claire Katz	01/29/2019	_____		_____	
Project Manager	Date	CSA Fiscal Unit	Date	CSA Fiscal Unit	Date

Initially submitted: Jan 29, 2019 - 11:27:45

Peace and Justice Commission

To: Members of the Peace and Justice Commission

From: Chair Igor Tregub

Subject: Recommendation to Bring Justice to Mr. Leonard Powell and to Change Certain Policies that Provide Housing Stability for Homeowners and Tenants

RECOMMENDATION

The Peace and Justice Commission (PJC) recommends that the City Council send a letter to the Superior Court Judge overseeing Mr. Leonard Powell's receivership case that implores him to, in light of the full history of the circumstances which befell him and in the spirit of fairness and justice, to rule in a way that allows Mr. Powell to retain possession of his home in a manner that is affordable and attainable to him.

PJC also recommends to the Berkeley City Council that it set in place the following policies that would provide housing stability for homeowners. In particular, when legal action is being attempted by the City as a result of code enforcement violations, the following practices should be put into place:

1) Punitive actions that result in the displacement of a homeowner presently occupying their home or renting it out (i.e., not intentionally leaving it vacant for an extended period of time) is the very last resort that city staff should take; should only be conducted if all other attempts to resolve the situation have been unsuccessful; and should only be a response to severe code enforcement violations that cause immediate danger to life safety or have been determined by a quasi-judicial body (e.g., Zoning Adjustments Board, City Council) to cause a nuisance to the public;
2) The Mayor, Councilmember representing the district of the address in question, and HAC are notified of the address, the nature of the alleged code violations, and a report detailing the status of the matter and any past, ongoing, and anticipated future attempts to resolve the matter; and
3) Should the homeowner cite a financial hardship to their ability to on their own bring his or her property into compliance with applicable code, the City shall explore the use of anti-displacement funds to assist the homeowner and/or tenant residing on the premises with legal matters, relocation expenses, and/or other needs as applicable and appropriate.

FISCAL IMPACTS OF RECOMMENDATION

Staff time and the possible use of available anti-displacement funds

CURRENT SITUATION AND EFFECTS

The first recommendation above is being proposed to bring fairness and justice to the case of Mr. Leonard Powell. The next three recommendations above are being simultaneously sent to the Housing Advisory Commission and are proposed to in the future prevent displacements such as the one that has befallen a 76-year-old black veteran and 44-year owner of a South Berkeley residence. According to news sources such as the Oakland Post, "[his] family has lived there for 44 years and owned the house free and clear. By a legal process called receivership, the city has succeeded in placing Mr. Powell in a financial position beyond his means, in order for him to lose the house to foreclosure or sale. Receivership means that the house, after it is found to be in violation of the city's housing code, is placed under the control of a 'receiver,' who then takes over the job of repairing the house."[1]

According to sources, "at no time did Mr. Powell object to doing the repairs on his house. He simply asked the city for assistance and negotiation, which the city subtly declined."[2] Following an allegedly no-notice city inspection which found 23 code violations, all of which related to housing maintenance, and with alleged knowledge of Mr. Powell's precarious financial situation, city staff nonetheless allegedly refused negotiations on city-imposed deadlines, which in turn led to the declaration of the property as a public nuisance.

The home is currently under receivership. Allegedly "the court-appointed receiver … violated his mandate by having his contractor reconstruct the house rather than simply repair the code violations."[3] According to the Oakland Post, "this is what tripled his expenses, and tripled the debt placed on Mr. Powell. The receiver admitted, in a report that in shifting the work on the house from repairs to reconstruction, he was following city directions."[4]

The recommendations above, if adopted, would lead to changes in city policy so that the situation that befell Mr. Powell is avoided in the future.

---

[1] http://www.oaklandpost.org/2018/12/15/city-agency-set-seize-black-veterans-home/
[2] *ibid.*
[3] *ibid.*
[4] *ibid.*

ENVIRONMENTAL SUSTAINABILITY

Efforts that prevent displacement have been found to contribute to reductions in vehicle miles traveled and greenhouse gas emission reductions.

RATIONALE FOR RECOMMENDATION

These recommendations are an important complement to ongoing local, regional, and statewide efforts to prevent displacement and keep individuals and families in their homes.

ALTERNATIVE ACTIONS CONSIDERED

None

City of Berkeley

Health Status

SUMMARY

Report

2018

ACKNOWLEDGEMENTS

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INTRODUCTION

The City of Berkeley is a prosperous, innovative, and thriving community. Our city has considerable wealth, high levels of educational attainment, and a rich culture that all contribute to a healthy community. Despite overall good health, Berkeley is not a city where all people are living long and healthy lives and are achieving the highest possible level of health. In Berkeley, African Americans and other people of color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives.

Achieving optimal health for all requires that everyone has access to resources and environments that support health and wellness. Higher incidence of disease is linked to neighborhoods that have been historically under-resourced and overexposed to unhealthy conditions. These neighborhoods have more people living in poverty and more people of color than surrounding neighborhoods. A truly healthy Berkeley depends on achieving and maintaining optimal health and wellness for all people regardless of an individual's or group's position in society. Health inequities among racial and ethnic groups are striking and extend across a number of indicators. These health inequities are neither new nor unique to Berkeley—nevertheless, they are unjust and unacceptable. The conditions in which we are born, grow, live, work and age, broadly known as the social determinants of health, greatly influence how well and how long we live. To aggressively address the health disparities we see in this report requires that we also address the underlying social, economic, and environmental inequities that perpetuate them.

Berkeley is well positioned to realize greater health equity. Our community is known for its political and social activism. Our residents are passionate about creating healthier communities. Our leaders have a long standing commitment to achieving health equity and have been at the forefront of innovative health programs and policies. We are one of three cities in the state of California that has its own Public Health Jurisdiction. This distinction enables public health services to be focused on and dedicated to a discreet population. While the challenges we face should not be underestimated, through strategic collaboration, a unified vision, and broad community engagement we can achieve our mission of optimal health and wellness for all.

The Health Status Report is written by the Public Health Division of the Department of Health, Housing and Community Services and is released periodically to provide a picture of the health status of people who live in Berkeley. The report has three key objectives:

- Monitor health concerns impacting the City with a focus on health disparities and social determinants of health;
- Show trends and changes in health over time;
- Guide our Public Health work and support community partners in shaping and responding to policy and other factors influencing Berkeley's health and quality of life.

This report will help the Public Health Division define goals and objectives for improving Berkeley's health. It is also designed to spark community conversations, spur collaboration and inform decision making throughout Berkeley.

DEPARTMENT OF HEALTH, HOUSING, & COMMUNITY SERVICES MISSION AND VISION

Vision: *A vibrant and healthy Berkeley for all*

Mission: The Department of Health, Housing, & Community Services' mission is to enhance community life and support health and wellness for all. We are committed to social and environmental justice and to promoting equity in health, housing, and economic opportunity. We collaborate with community partners to build a vibrant and healthy Berkeley.

PUBLIC HEALTH VISION AND MISSION

Vision: *Healthy people in healthy communities.*

Mission: To achieve and maintain optimal health and well-being for all people in Berkeley. We do this by working in partnership with our diverse communities to: promote healthy behaviors and environments, prevent illness and injury, protect against disease and other emerging health threats, eliminate health inequities, and advocate for social and environmental justice.

SOCIAL DETERMINANTS OF HEALTH

Addressing the social determinants of health continues to be a key objective of the Public Health Division. Research has shown that health is dependent largely on conditions that are not related to medical care. In fact, about 80% of our health is influenced by the environments around us which include social, economic factors, and every day behaviors. Conditions such as poverty, homelessness, shifting federal and local policies, changing City demographics, gentrification, and the subsequent rise in the cost of housing all have profound impacts on community health. In many of these areas, the Public Health Division works collaboratively with other departments, and with divisions in the City of Berkeley's Department of Health, Housing and Community Services. For example, Public Health staff are working on a multi-departmental group formulating the regulatory environment for newly legal adult use marijuana, which has serious public health impacts.

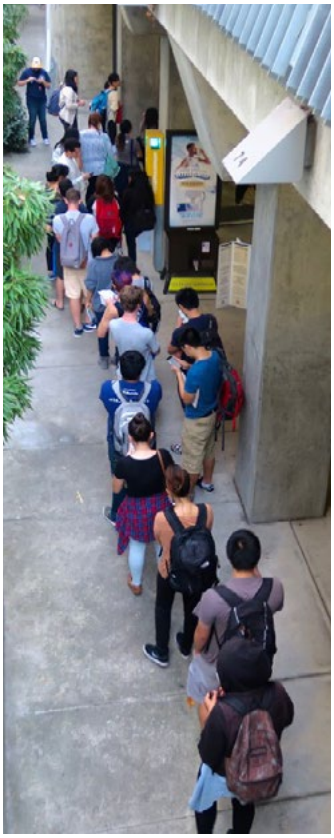
An important, continuing trend seen in the 2018 Health Status Report is the steady and significant shift in the City's demographics. Compared to the 2010 Census, the African American population has decreased from approximately 10% to 7% of the population, while other racial/ethnic groups have remained relatively stable. The phenomenon is not unique to Berkeley, but is a regional trend that is evidence of displacement caused by gentrification. Displacement disrupts access to education, employment, health care, and healthy neighborhood resources. Residents forced to move may face longer commutes to work or school, leading to increased stress, loss of income, job loss or greater school dropout rates. Displaced residents may have trouble obtaining medical records, prescriptions, and affordable health care services. Displacement can also mean relocation to neighborhoods with fewer health-promoting resources, such as high quality jobs, healthy food options, accessible public transit, and safe and walkable streets.

Socioeconomic status is one of the most powerful predictors of disease, injury, and mortality. In Berkeley, African Americans have lower income than any other ethnic/racial group. For every dollar a white family earns, an African American family earns 28 cents. This income inequality paired with unemployment or under employment can increase stress levels, make it difficult to find safe and affordable housing, and lower educational prospects. Research demonstrates that poverty is the single greatest threat to children's well-being. Children living in poverty are at significantly higher risk for poor health and development. In Berkeley, 10% of all children under the age of 18 live in poverty. Notably, 29% of African American children live in poverty, which is seven times the poverty rate for white children, and two to three times the rate of any other racial group.

Additionally, homelessness impacts the health of the entire community. Berkeley has the second highest number of homeless people among all Alameda County cities, second only to Oakland. Berkeley's homeless population accounts for 17% of the homeless people in Alameda County. Given that Berkeley makes up only 7% of the population of Alameda County, it is home to a disproportionate number of people experiencing homelessness. Poor health conditions among people who are homeless are frequently co-occurring with a mix of psychiatric, substance use, and social challenges. Exposure to high stress, unhealthy or dangerous environments, and food insecurity worsens overall health and often results in visits to emergency rooms and hospitalization. Nationally, individuals experiencing homelessness are three to four times more likely to die prematurely than their housed counterparts, and experience an average life expectancy as low as 41 years. Far too often, those experiencing homelessness are people of color. African Americans make up less than 8% of Berkeley's general population, but are 50% of the homeless population.

Berkeley Unified School District

Nancy Rubin, Berkeleyside



Berkeleyside

Nancy Rubin, Berkeleyside

KEY THEMES IN 2018 HEALTH STATUS REPORT

Three key themes can be found in the Health Status Report and will continue to guide the work of the Public Health Division:

- ***Inequities in Health.*** Since 1999, the Berkeley Public Health Division has been at the forefront of breaking down data to uncover hidden inequities in health. It is only through examining data by characteristics such as race, ethnicity, gender, age, income, neighborhood, immigration status and other qualities that we can see a true and full picture of health. The Berkeley Public Health Division is committed to monitoring health indicators by relevant, available demographic characteristics and investigating the status of health equity in our community. We will be thoughtful, intentional, and strategic in the development of programing to address these inequalities.
- ***Importance of Prevention.*** Prevention is a continuum and extends from deterring diseases and behaviors that foster disease to slowing the onset and severity of illness when it does arise. A focus on prevention includes focusing on upstream factors those that are largely outside of an individual's control and promoting conditions that support good health.
- ***Emerging Health Threats.*** The health landscape in Berkeley is not static but evolves, and new threats can emerge on both a global and local scale. Infectious disease such as tuberculosis, sexually transmitted infections, and diseases once considered under control such as pertussis, continue to be a significant source of illness in Berkeley. These threats require constant monitoring and a responsive public health system. New health threats can emerge from a variety of directions: from the rise in antibiotic resistant bacteria, to new risks from climate change and global connectedness, to the health impacts caused by changing federal and local policies. Additionally, public health systems across the country are responding in various ways to the complex and inter-related social, economic and environmental inequities that are connected to poor health.

Berkeley Unified School District

HEALTH INEQUITIES IN BERKELEY

Chapter 1: Sociodemographic Characteristics & Social Determinants of Health	Chapter 2: Pregnancy & Birth	Chapter 3: Child & Adolescent Health	Chapter 4: Adult Health	Chapter 5: Life Expectancy & Mortality
Families headed by a White householder earn 3.4 times more than African American families, 1.9 times more than Latino families, and 1.4 times more than Asian families.	The risk of an African American mother having a LBW baby is 2.5 times higher than the risk for White mothers.	African American children (under 18) are 7 times more likely, Latino children are 5 times more likely, and Asian children are 2 times more likely than White children to live in poverty.	African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.	African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites.
The proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families, compared to White families.	The risk of an African American mother having a premature baby is 2 times higher than the risk for White mothers.	African American high school students are 1.4 times more likely than White students to drop out of high school.	African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.	African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
African Americans are 2.8 times less likely, Latinos are 1.6 times less likely and Asian children are 1.1 times less likely than Whites to have a bachelor's degree or higher.	The teen birth rate among African Americans is 9 times higher, and among Latinas is 3 times higher than the rate among White teens.	The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.	African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.	African Americans are 1.8 times more likely than Whites to die of cancer.

HOW TO READ THIS REPORT

ORGANIZATION: This report is organized along the life course, from conception through death. Health throughout the stages of life is influenced by an individual's social and physical environment, health and experience in the prior stage. The report begins with a description of Berkeley's population. Subsequent chapters give information about health in Berkeley during the major life stages which include pregnancy and birth, childhood and adolescence, adulthood, and finally the end of life. Each chapter starts with a description of the significance of that life stage, a list of key findings, the importance of the health indicator and its current status in Berkeley.

COMPARISONS: One way to evaluate the health of our City is to compare ourselves to others. Each time Berkeley meets one of the Healthy People 2020 (HP2020) goals, that goal is reported. By doing this, it allows us to compare the data on how Berkeley is doing relative to national health benchmarks. We also compare Berkeley with Alameda County and the State. We report how different groups of Berkeley residents compare with each other: by age, gender, income, race/ethnicity, education, and place of residence. Finally, we show how health indicators in Berkeley have changed over time. Such comparisons allow us to assess how Berkeley is faring relative to national goals, our past, and our neighbors.

PROGRAM HIGHLIGHTS: The City's Public Health Division works with partners to improve health in Berkeley. Each chapter contains program highlights, describing how the City is addressing issues raised by the data in that chapter. More information about these programs is available on the City's website: https://www.cityofberkeley.info/Health_Human_Services/Public_Health/A_to_Z_Public_Health_Services.aspx

FROM THE COMMUNITY: This report contains quotes and summaries from a series of community engagement events. These events were held in 2014 and were organized in order to hear from Berkeley residents and community members about what they see as priority areas for reducing health inequities.

DATA: This report contains quantitative data about the health of the Berkeley community. The data is as objective as possible — there may be biases related to reporting errors, incompleteness or limited by small samples. In our effort to understand what the data tell us about health in Berkeley, we look at correlations; what characteristics go along with better health or worse health? Public health programs and interventions are designed to address the likely "causal pathways" of adverse health outcomes, and are based on available evidence and best practices.

We use the latest year of data available at the time of analysis. For hospitalization and emergency department visit data, changes in the coding system were implemented in the last quarter of 2015 which made the previous years not comparable with current data. The last full year of data under the prior coding system was 2014, thus data on hospitalization and emergency department visits are only presented through 2014.

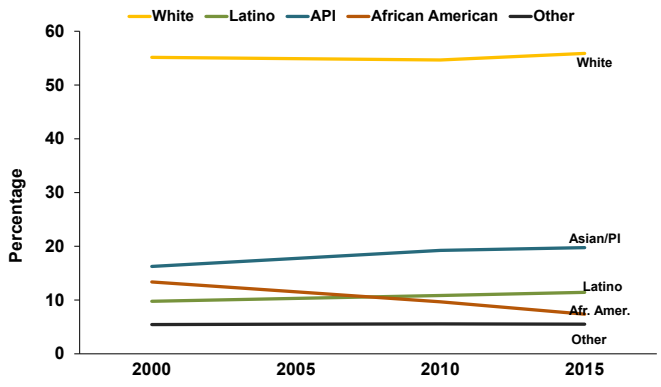
TECHNICAL NOTES: Data Sources and Definition of Key Terms: this information is provided at the end of the report. Those interested in additional technical details are invited to contact the Public Health Division Epidemiology and Vital Statistics Unit at publichealth@cityofberkeley.info.

1 CHAPTER 1: SOCIODEMOGRAPHIC CHARACTERISTICS AND SOCIAL DETERMINANTS OF HEALTH

The social and physical environments in which we live, work and play greatly influence our overall health. Experts agree that health is in part determined by access to social and economic opportunities; the cleanliness of our water, food and air; availability of preventative health care and wellness programs; the nature of our social interactions and relationships; and the resources and supports available in our schools, homes and neighborhoods. These conditions are broadly known as the social determinants of health, which this chapter explores in detail.

According to the 2011–2015 American Community Survey, the city's residents are 56% White, 20% Asian, 10% Latino and 7% African American. Compared to the 2010 census, the African American population has decreased from approximately 10% to 7%, while other racial/ethnic groups have remained relatively stable.

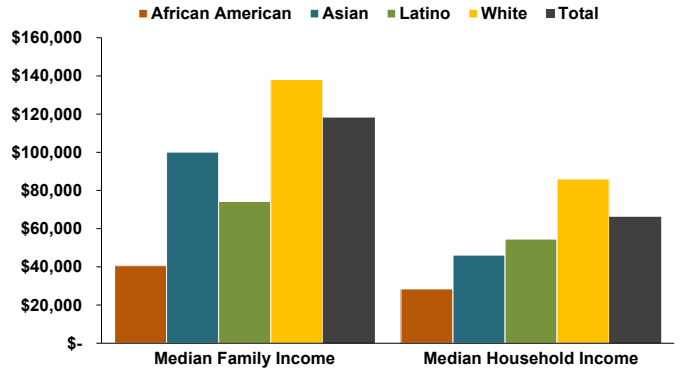
Figure 1.1 **POPULATION DISTRIBUTION BY RACE/ETHNICITY Berkeley, 2000–2015**



Source: City of Berkeley Public Health Division, Office of Epidemiology and Vital Statistics, U.S. Census Bureau, 2000–2015

In Berkeley the median family income is $118,190. The median household income is $66,237, which is influenced by the large population of low-income university students living in Berkeley. Families with a White head of household are more likely to be higher income while those headed by non-White households are more likely to be low income. All families and households have experienced an increase in median income during the last decade, except for African Americans who experienced a slight decrease.

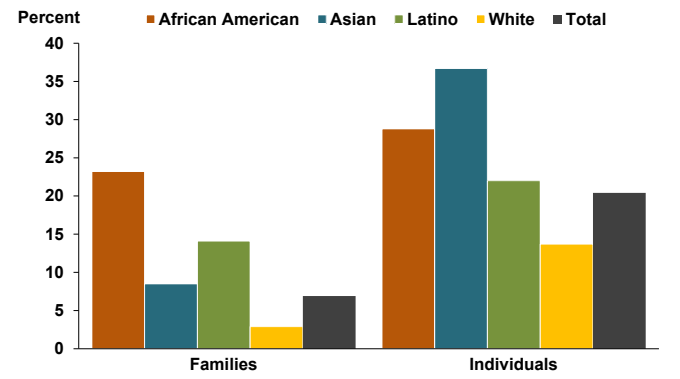
Figure 1.2 **MEDIAN FAMILY AND HOUSEHOLD INCOME IN PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS) BY RACE/ETHNICITY IN BERKELEY 2011–2015**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011–2015

Approximately 7% of Berkeley families live below the federal poverty level. Poverty rates vary drastically by race/ ethnicity. Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families. At the individual level, about 20% of all Berkeley residents live below the federal poverty level, which is strongly influenced by the large university student population in Berkeley.

Figure 1.3 **PERCENT OF FAMILIES AND INDIVIDUALS BELOW FEDERAL POVERTY LEVEL IN THE PAST 12 MONTHS BY RACE/ETHNICITY IN BERKELEY 2011–2015**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011–2015

Berkeley Unified School District

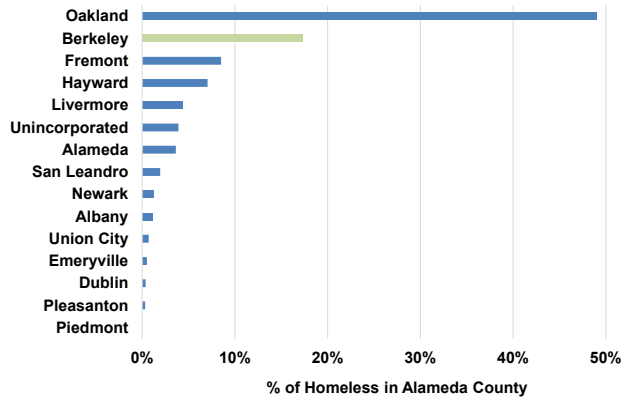
FROM THE COMMUNITY

African American respondents noted that African American communities and families are being displaced because of a lack of jobs, housing and community investments. Others noted that health inequities are rooted in poverty, racism, inadequate access to culturally relevant and high quality health services, and a lack of community and economic development in their communities.

Natalie Orenstein, Berkeleyside

Berkeley has the second highest number of homeless among all Alameda County cities, second only to Oakland. Berkeley's homeless population accounts for 17% of the 5,629 homeless people in Alameda County. Given Berkeley makes up only 7% of the population of Alameda County, it is home to a disproportionate number of homeless.

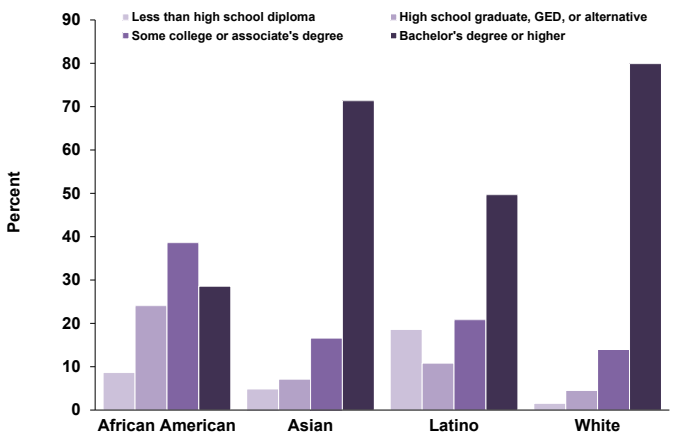
Figure 1.4 **ALAMEDA COUNTY HOMELESS POPULATION PERCENT BY CITY, 2017**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Alameda County 2017 Homeless Point-In-Time Count

Approximately 84% of Berkeley residents ages 25 and over attended at least some college. Over 70% of residents have a bachelor, graduate, or professional degree, compared with 43% in Alameda County and 31% in California. Berkeley's levels of education attainment are not evenly distributed. Whites and Asians have the highest rates of higher education. Latinos are the least likely to graduate from high school, and African Americans have the lowest rate of college and professional degrees.

Figure 1.5 **EDUCATIONAL ATTAINMENT OF POPULATION AGED 25 AND OLDER BY RACE/ETHNICITY Berkeley, 2011–2015**



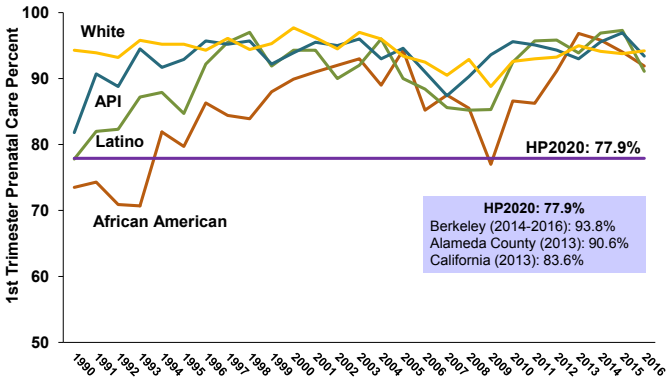
Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011–2015

2 CHAPTER 2: PREGNANCY AND BIRTH

Pregnancy and childbirth mark the beginning of an individual's journey along the life course. The health conditions of pregnancy, birth, and early infancy have a profound impact on health and well-being throughout life. It is important to pay particular attention to this critical life stage when assessing the overall health status of a community.

Berkeley has excellent overall health indicators related to pregnancy and birth, and meets most HP2020 goals in these areas.There have been substantial improvements in health outcomes related to pregnancy and birth, including low birth weight (LBW), prenatal care, and teen birth. Almost 94% of pregnant Berkeley mothers of all racial/ethnic groups receive prenatal care in the first trimester, which is higher than Alameda County and California. Berkeley meets the HP2020 goal and there is no racial disparity in this indicator.

Figure 2.1 **PERCENT OF PREGNANT MOTHERS RECEIVING PRENATAL CARE IN 1ST TRIMESTER Berkeley, 1990–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Birth Records 1990–2016

African American babies, for the first time ever recorded, met the HP2020 objective for LBW in 2008-2010 and for prematurity in 2014–2016. However, a disparity still persists as African American babies are 2.5 times more likely to be LBW as compared to Whites and twice as likely to be born prematurely as White, Latino, or Asian babies.

Robin Kempster

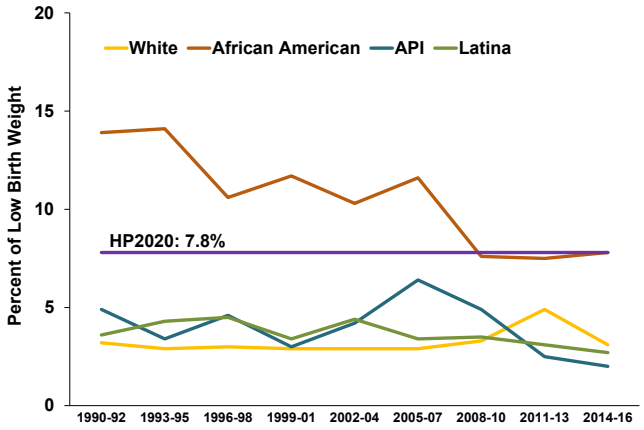
BERKELEY BLACK INFANT HEALTH (BBIH) PROGRAM

Berkeley's BIH program aims to improve birth outcomes and reduce health disparities affecting African American women and their babies. Through culturally affirming group education and complementary case management, the program works to empower African-American mothers and their families. BBIH helps to build social support, develop parenting and life skills, learn stress management tools, promote healthy behaviors and relationships, and support a healthy pregnancy. In addition, BBIH provides resource linkages to assist participants in connecting with the community, social, and health services to meet their needs.

FROM THE COMMUNITY

"I was born and raised in Berkeley. [Berkeley Black Infant Health] has been a big impact in a lot of our lives, helping us navigate our lives."

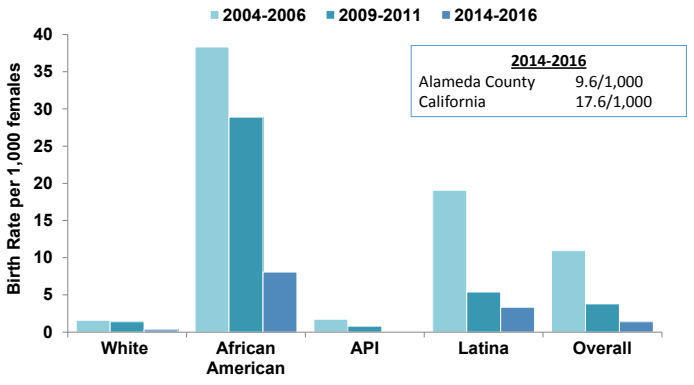
Figure 2.2 **LOW BIRTH WEIGHT BY RACE/ETHNICITY (EXCLUDES MULTIPLE BIRTHS) Berkeley, 1990–2016 (3-year-intervals)**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Birth Records 1990–2016

Berkeley's teen birth rate has been decreasing in all racial/ethnic groups over the past decade and it is at its lowest ever recorded. Berkeley has the lowest teen birth rate of any health jurisdiction in the state. From 2004–2006 to 2014–2016, the overall teen birth rate decreased by 82%. For African Americans, the rate decreased by 76% during the same time period. In spite of this decrease, the birth rate among African American young women is higher than all other racial/ethnic groups.

Figure 2.3 **BIRTH RATES IN FEMALES 15 TO 19 YEARS OLD BY RACE/ETHNICITY Berkeley, 2004–2006, 2009–2011, 2014–2016 (3-year intervals)**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Birth Records 1990–2016

Robin Kempster

Annie Burke

Robin Kempster

FROM THE COMMUNITY

"All around, we need to care about the health and safety for the moms in the family and especially single moms. Single moms sometimes are down and out; they need more care. They are caring for a whole community. You take care of her, then you are reaching a lot of people. If she doesn't feel safe, then a whole family will fall down."

Nancy Rubin, Berkeleyside

PUBLIC HEALTH NURSING FIELD SERVICES

Public Health Nurses (PHNs) provide quality, confidential, community-based case management services for families and individuals, primarily during home visits. The focus of the program is on Berkeley residents at highest risk for poor health outcomes, often those with special needs or limited access to care. These include pregnant women, new parents and their infants, school-aged mothers, children, elders, disabled, and people who are homeless.

Case management services include nursing assessments of health status and need for medical care and other services; counseling on diverse health related topics and supporting healthy lifestyle choices; advocating for better use of health care systems while linking families to other health and social services; assisting with enrollment in low cost medical and dental plans; and helping families support children's growth and development.

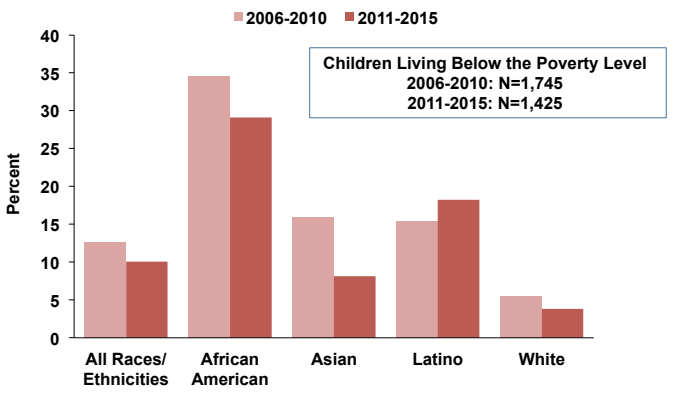
3 CHAPTER 3: CHILD AND ADOLESCENT HEALTH

Childhood and adolescence are important developmental periods in the life course and health in early life is the basis for continued health over the life span. Educational foundations are established during this time, influencing future learning and employment opportunities. Personal habits of physical activity, diet, and social connections are also formed. This chapter summarizes the state of health of children and adolescents in Berkeley: practices and behaviors, use of alcohol, tobacco and other drugs, overweight and obesity, childhood immunizations, and specific health outcomes including mental health, asthma hospitalizations, injuries, and sexually transmitted diseases.

Half of the children in Berkeley belong to non-White racial and ethnic groups; the largest proportion of these is Latino. In the last decade, the percentage of children living below the poverty level has decreased for the overall Berkeley population and every racial/ethnic group except Latinos. Children in poverty are concentrated in South and West Berkeley.

The Berkeley Unified School District (BUSD) four-year high school dropout rate fell from 15.5% in the 2010–2011 school year to 10.7% for the 2015–2016 school year. Despite a decrease from 18.8% to 13.5% since 2010–2011, African Americans still have the highest drop-out rate in Berkeley.

Figure 3.1 **PERCENT OF CHILDREN 17 YEARS AND YOUNGER LIVING BELOW THE POVERTY LEVEL BY RACE/ETHNICITY Berkeley, 2006–2015**

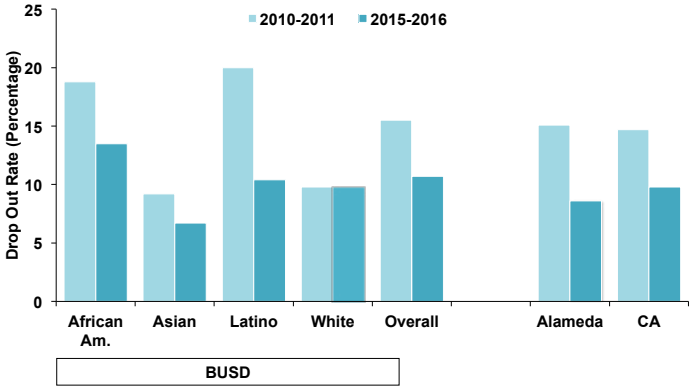


Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2006–2015

FROM THE COMMUNITY

"It's been an amazing experience to be born and raised here in Berkeley, grow up in Berkeley Unified School District, and to be able to work with the people that I've grown up with. We've had children together, been pregnant together."

Figure 3.2 **DROPOUT RATES, OVERALL AND BY RACE/ETHNICITY Berkeley Unified School District, Alameda County, and California, 2010–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Education

2020 VISION

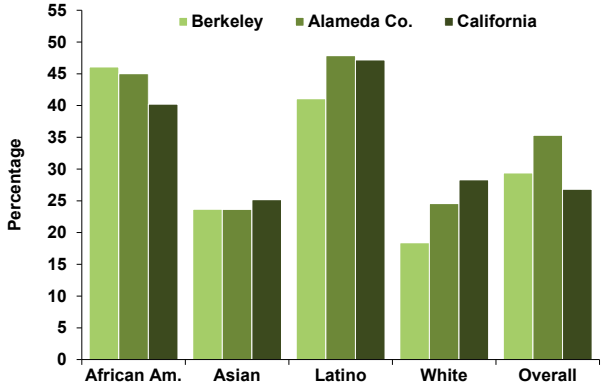
Berkeley's 2020 Vision is a city-wide collective impact effort to achieve equity in education for all Berkeley children from "cradle to career". The Berkeley community collaborates on six areas of systemic focus to end racial disparities in education, especially for Berkeley's African American and Latino children. Berkeley's 2020 Vision strives to "move the needle" on the following key indicators of educational equity: Kindergarten Readiness, Third Grade Reading Proficiency, Ninth Grade Math Proficiency, Attendance, College and Career Readiness, and Community Engagement. Berkeley's 2020 Vision also includes the Berkeley Promise, a college scholarship initiative.

FROM THE COMMUNITY

"It's really hard for kids of color (Latinas); you know, this is a predominantly white school—the white kids, they have all kinds of privilege; their parents have been paying for tutoring for years; they have been reading to them for years; they have so much more to start with. I don't understand my homework, I can't go to my parents for help. My mom didn't graduate from high school; that is why it is really frustrating when it comes to going to college, getting ahead."

Over a quarter of Berkeley's 5th and 7th grade students are overweight or obese. Berkeley has a lower proportion of 5th and 7th grade children who are overweight and obese (29.4%) compared to children in Alameda County (35.3%) but has a higher proportion compared to California (26.8%). A higher proportion of African American children are overweight and obese in Berkeley compared to in Alameda County and California.

Figure 3.3 **PERCENTAGE OF OVERWEIGHT AND OBESE CHILDREN IN 5TH AND 7TH GRADES BY RACE/ETHNICITY BUSD, Alameda County, and California School Districts, 2015–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Education, FITNESSGRAM 2015–2016

FROM THE COMMUNITY

"One day your kid gets bigger and you worry. Is my child healthy or is she obese?"

Berkeley Unified School District

HEALTHY BERKELEY PROGRAM

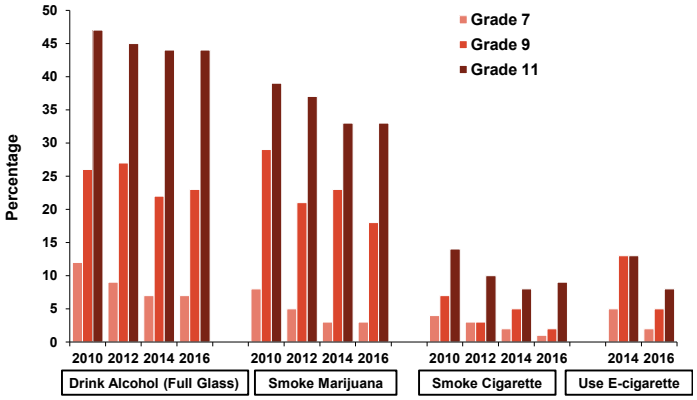
Initiated in 2015, this program stemmed from Berkeley's historic passing of an excise tax (1 cent/oz.) on the distribution of sugar-sweetened beverages (SSB). The program goal is to reduce the consumption of SSB as a pathway for decreasing the rates of Type 2 diabetes, obesity, and tooth decay in Berkeley. The Healthy Berkeley program offers multi-year community agency grants for programs designed to reduce SSB consumption and promote healthy beverages such as tap water in low-income communities, particularly children and youth targeted by the beverage industry; the Sugar-Sweetened Beverage Product Panel of Experts (SSBPPE) Commission makes agency funding recommendations to the City Council. The Healthy Berkeley program collaborates with the Bay Area Nutrition and Physical Activity Collaborative (BANPAC), Healthy Food America, University of California in Berkeley, and the Public Health Institute.

TOBACCO PREVENTION PROGRAM

The Tobacco Prevention Program provides community-based tobacco education programs and services to the community. Berkeley community members receive education about federal, state, and local tobacco control laws including ordinances relating to City of Berkeley's tobacco control related ordinances such as Smoke-Free Multi-Unit Housing, 600 ft. flavored tobacco buffer zone near schools K–12, tobacco free pharmacies and commercial zones ordinances. The Smoke-Free Multi-Unit Housing ordinance prohibits smoking in 100% of multi-unit housing with two or more units (i.e. apartments, co-ops, condominiums, common interest developments, etc.) and common areas. Free cessation classes are available to anyone interested in planning and sustaining a smoke-free lifestyle. Tobacco program staff also collaborate with Berkeley Tobacco Prevention Coalition members in the community, retailers, and policy makers in the City to develop policy aimed at reducing community members' exposure to tobacco smoke and tobacco products — including electronic nicotine delivery systems.

Alcohol is the most commonly used substance among BUSD students, followed by marijuana. The use of alcohol and marijuana have remained relatively unchanged among 11th graders. Cigarette smoking, already at comparatively low levels, has continued to drop for 7th and 9th graders but fluctuated for 11th graders. There has been a drop in e-cigarette use for students at all grade levels. The percentage of BUSD students who have been drunk or high on school property has steadily decreased for all grade levels over the past six years.

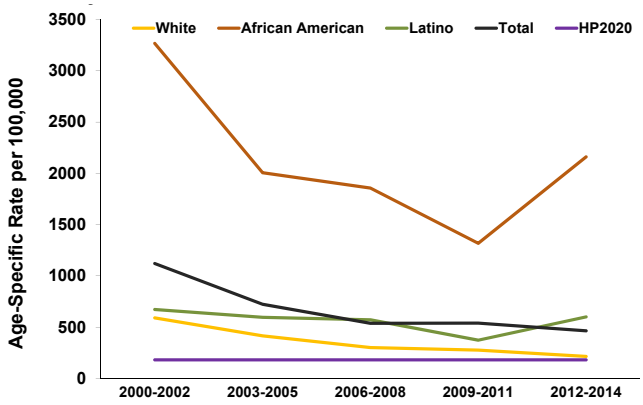
Figure 3.4 **ALCOHOL, TOBACCO, AND MARIJUANA USE IN PAST 30 DAYS: 7TH, 9TH, AND 11TH GRADERS Berkeley Unified School District (BUSD), 2010–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Healthy Kids Survey (CHKS) 2010–2016

The asthma hospitalization rates for children under 5 in all racial/ ethnic groups have declined. Compared to the HP2020 goal, the rate for African American children is 12 times higher, for Latino children is 3.3 times higher and for White children is 1.2 times higher. The number of hospitalizations among Asian children under 5 are too small to calculate a reliable rate and are therefore not presented.

Figure 3.5 **AGE-SPECIFIC ASTHMA HOSPITALIZATION RATE OF CHILDREN UNDER 5 YEARS OF AGE BY RACE/ETHNICITY Berkeley, 2000–2014**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Office of Statewide Health Planning and Development, 2000–2014

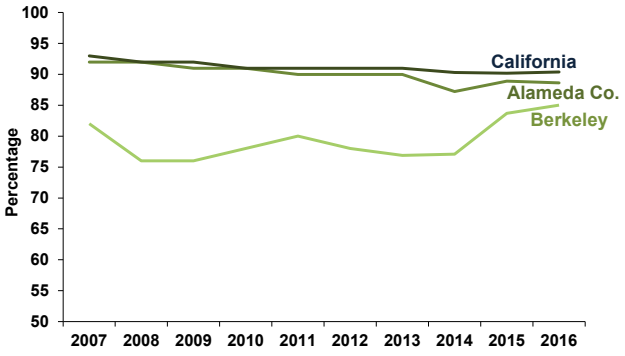
Berkeley Unified School District

BREATHMOBILE

The Breathmobile, a project of the Prescott-Joseph Center for Community Excellence (PJCCE), is partnering with Berkeley Unified School District and the City of Berkeley Public Health Division to bring asthma care to BUSD students. This free mobile asthma clinic provides diagnosis, education, and treatment for children with asthma. For the first year of this partnership, two BUSD elementary schools (Malcolm X and Rosa Parks) and one preschool (King Child Development Center) were selected based on the high asthma prevalence at these sites. In its fourth year (2016–2017) of partnership, the Breathmobile has expanded services to include all three BUSD preschools. PJCCE and school staff work closely with the City of Berkeley Public Health Division to identify students with asthma who could benefit from this community resource. The partnership is an example of community agencies working together to address health inequities and the achievement gap. Improving childhood asthma management improves health and improves educational success.

Berkeley Unified School District

Figure 3.6 **PERCENT OF KINDERGARTEN CHILDREN WITH ALL REQUIRED IMMUNIZATIONS** Berkeley, Alameda County, and California, 2007–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Public Health, Immunization Branch

For the past decade, the proportion of Kindergarten children immunized against the nine diseases for which childhood immunizations are required has been consistently lower in Berkeley compared to both Alameda County and California. Berkeley's immunization rate has also experienced some fluctuations with a recent peak of an 85% immunization rate in 2016, the highest percentage ever recorded. Required immunizations include polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, hepatitis B, and varicella vaccines.

IMMUNIZATION PROGRAM

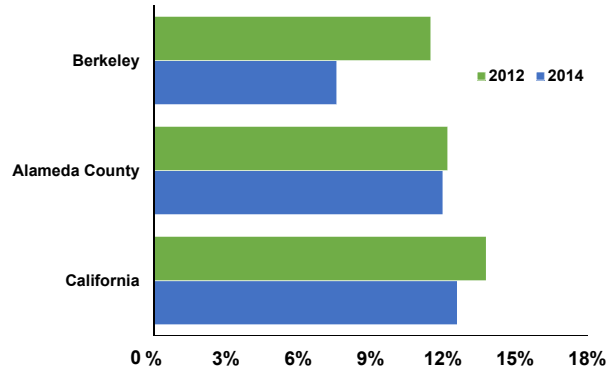
The Public Health Immunization Program works to increase immunization rates for all Berkeley residents across the life span. Special efforts are targeted at African American and Latino children less than two years of age by collaborating with WIC; public and private preschools; licensed family childcare homes; medical providers; and through community outreach, education and encouraging participation in the immunization registry among medical providers. Immunization services are provided to the community in several venues including at the Public Health Clinic. The program also focuses on pertussis vaccination for teens and adults and seasonal influenza vaccine for all ages. In addition, the Public Health Clinic expands its service by providing varicella vaccines to adults who are uninsured or underinsured.

4 CHAPTER 4: ADULT HEALTH

This is the stage of life when chronic diseases, including cancer, are most likely to develop and affect adults' well-being. Mental health conditions, injuries, and communicable diseases continue to have major roles as well. This is the period of life in which one is most likely to work, accumulate wealth, have partners, and hold responsibilities for other family members.

Approximately 7.6% of Berkeley residents were smokers in 2014, which was a substantial decrease from 11.5% in 2012.

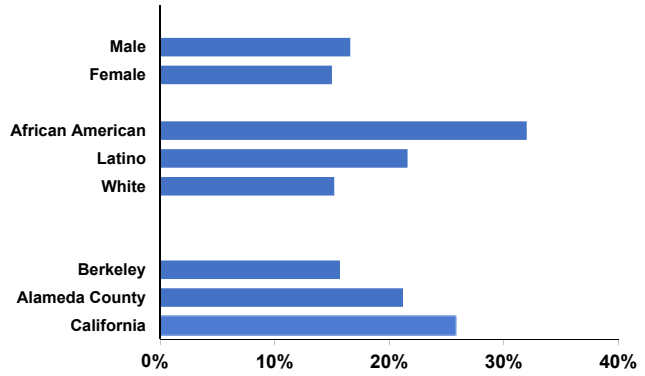
Figure 4.1 **ADULTS WHO ARE CURRENT SMOKERS**
Berkeley, Alameda County, CA, 2012, 2014



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Health Interview Survey (CHIS), 2012, 2014

The proportion of Berkeley adults categorized as obese based on BMI increased from 13.1% in 2012 to 15.7% in 2014. In Berkeley, African Americans and Latinos are more likely to be obese.

Figure 4.2 **OBESITY IN ADULTS BASED ON BODY MASS INDEX (BMI) OF 30 AND GREATER Berkeley, Alameda County, CA, 2014**



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Health Interview Survey (CHIS), 2014

FROM THE COMMUNITY

"It's really overwhelming when you go to a store, and even when you think it's healthy, you don't know how much sugar there is in it. Juice has sugar and you don't realize it. "

Nancy Rubin, Berkeleyside

Annie Burke

HEART-2-HEART & BERKELEY HYPERTENSION PREVENTION

Heart 2 Heart (H2H) uses a holistic, community-based approach to addressing health inequities in Berkeley. The program focuses on preventing high blood pressure and heart disease in South Berkeley; additionally, healthy eating and physical activity are also encouraged. The program provides increased access to hypertension screening and treatment, and trains Community Health Advocates in a program focused on outreach, education, and intensive counseling and support. H2H serves to bridge community, programs, resources, and services that are necessary to address the needs of community members.

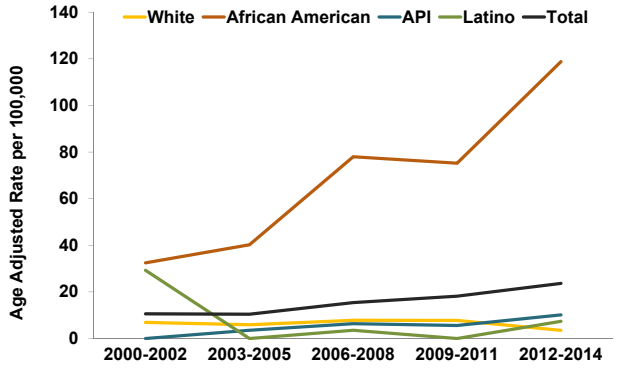
A highlight of the program is the weekly drop-in Hypertension Clinic that provides free blood pressure screenings and education for anyone, and provides treatment for uninsured residents with hypertension. Attendance at the drop-in Hypertension Clinic is correlated with lowered blood pressure in residents who attend the clinic consistently.

Berkeley's adult African American population experiences inequitably high rates of hospitalization due to both uncontrolled diabetes and long-term complications, such as kidney, eye, neurological and circulatory complications. However, the hospitalization rate among African Americans for lower-extremity amputation has substantially decreased between 2006 and 2014. For Latinos, hospitalizations for lower-extremity amputations dropped dramatically from 29.3 per 100,000 in 2000–2002 to 5.9 per 100,000 in 2003– 2005. The Latino rate has continued downward with no reported amputations in 2012–2014.

The rate of hospitalization due to hypertension among Berkeley's African American population has sharply increased, and is now over five times that of the total population.

However, hypertensive heart disease hospitalizations, a severe complication from hypertension, have decreased among all racial/ethnic groups over the past decade. The most dramatic decrease was among African Americans—from 170 per 100,000 in 2000–2002 to 51 per 100,000 in 2012–2014.

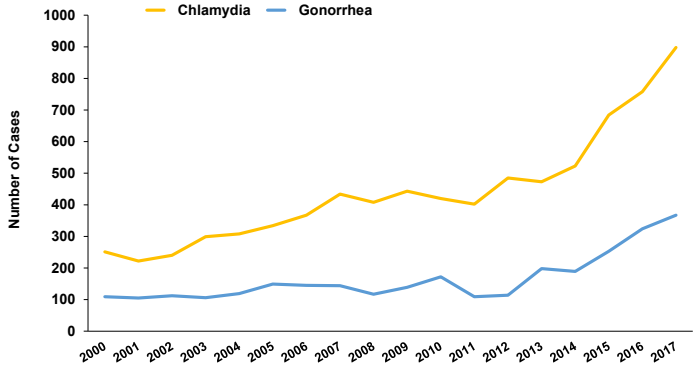
Figure 4.3 **HOSPITALIZATION RATES DUE TO HYPERTENSION BY RACE/ETHNICITY AND YEAR OF HOSPITALIZATION Berkeley, 2000–2014**



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, Office of Statewide Health Planning and Development, 2000–2014

The annual number of cases and rates of chlamydia, gonorrhea, and syphilis in Berkeley adults has increased in the last decade. These changes in rates may reflect either changes in Sexually Transmitted Infections screening or reporting, as well as actual changes in higher disease incidence. The most dramatic rise has been in chlamydia as the number of cases more than doubled from 420 in 2010 to 898 in 2017.

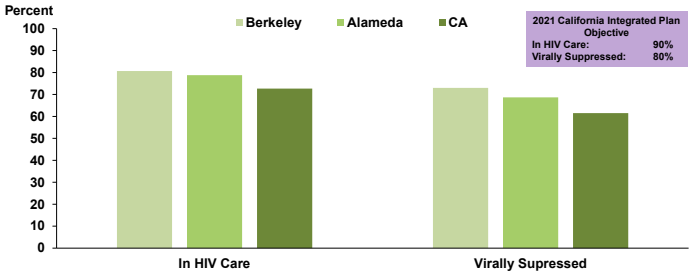
Figure 4.4 **CHLAMYDIA AND GONORRHEA INFECTIONS BY YEAR OF REPORT Berkeley, 2000–2017**



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Department of Public Health, STD Control Branch, 2000–2017

Due to better treatment, people with HIV are living longer, and the overall number of people living with HIV is increasing. Berkeley has a higher rate of persons living with HIV than Alameda County and California. African Americans and Latinos experience disproportionately high rates of HIV/AIDS. The proportion of persons living with HIV who are in care and who are virally suppressed is higher in Berkeley than both Alameda County and California. Berkeley does not yet meet the 2021 California Integrated Plan Objectives of 90% in care and 80% virally suppressed.

Figure 4.5 **CONTINUUM OF HIV CARE FOR PERSONS LIVING WITH DIAGNOSED HIV INFECTION Berkeley, Alameda County, CA, 2016**



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, CDPH, Office of AIDS, 2016

PUBLIC HEALTH CLINIC'S REPRODUCTIVE AND SEXUAL HEALTH SERVICES:

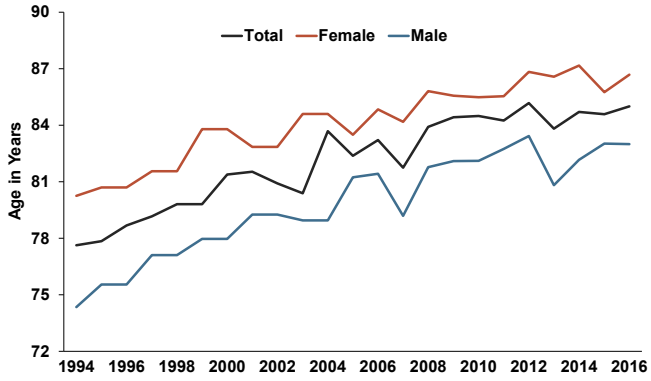
Berkeley's Public Health Clinic offers confidential testing, diagnosis, treatment, and prevention education to residents who think they may have a sexually transmitted infection, including HIV. Clinic staff follows up with clients who have sexually transmitted infection to ensure that they and their partners receive appropriate treatment. The program also provides free condoms and lubricant to both clients and non-clients on a drop-in basis. The Clinic offers comprehensive family planning services including nearly all types of birth control, reproductive life counseling, Pap smears (cervical cancer prevention), Hepatitis A, B and HPV vaccines, and referrals to local and low-cost breast screening/mammography services. Assistance is offered to survivors of intimate partner violence. The Clinic offers reproductive and sexual health services to people of all genders. The Public Health Clinic accepts Medi-Cal and FPACT (state funded payment programs). Others may qualify for reduced rates based on income. Some clients may even qualify for free services. No one is turned away because of inability to pay. Clinic clients are linked to a wide range of community and health services. Community outreach and presentations are provided on family planning methods, clinic services, sexually transmitted illnesses , HIV and sexually transmitted illnesses/HIV prevention. In 2012 over 2,300 individuals were seen at the clinic, many for more than one visit.

5 CHAPTER 5: LIFE EXPECTANCY AND MORTALITY

The number of years a person is expected to live, and the leading causes of death in Berkeley are important indicators of population health and guide Public Health Division program priorities.

In the last decade, the mortality rate in Berkeley has decreased steadily and life expectancy has increased for both men and women. Life expectancy in Berkeley is 86.7 years for women and 83 years for men in 2016. Mortality rates in Berkeley are lower than those of surrounding Alameda County and California—reflecting the city's long life expectancy.

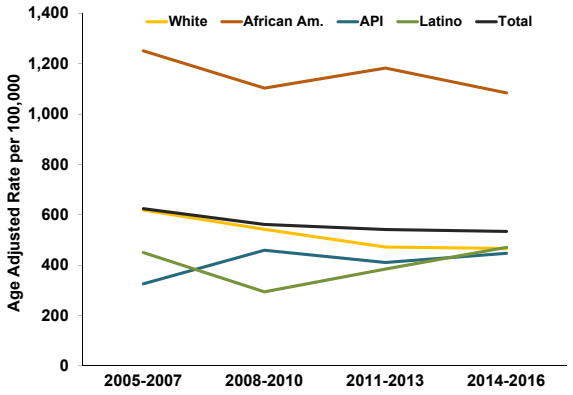
Figure 5.1 **LIFE EXPECTANCY AT BIRTH BY GENDER Berkeley, 1994–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 1994–2016, US Census Bureau

The overall age-adjusted mortality rate in Berkeley has decreased steadily throughout the last decade. The mortality rate for African Americans has reached the lowest ever reported. In spite of this marked decrease, the age-adjusted mortality rate for African Americans is twice as high as the mortality rate of Whites and is higher than the population overall. This disparity has remained unchanged throughout these years.

Figure 5.2 **MORTALITY RATES BY RACE/ETHNICITY AND YEAR OF DEATH Berkeley, 2005–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2005–2016

Mortality rates from cardiovascular disease and cancer have decreased for all groups over the last decade. Cancer is the leading cause of death in the population as a whole, followed by heart disease. However, among African Americans in Berkeley, heart disease is the leading cause of death, followed by cancer. Breast and lung cancer are the top leading causes of cancer death for women, while lung and pancreatic cancer are the top leading causes of cancer death for men. Women who are Latina, Asian, or Pacific Islander have the lowest mortality rates from breast cancer in Berkeley. Only African American women do not meet the HP2020 goal for breast cancer deaths.

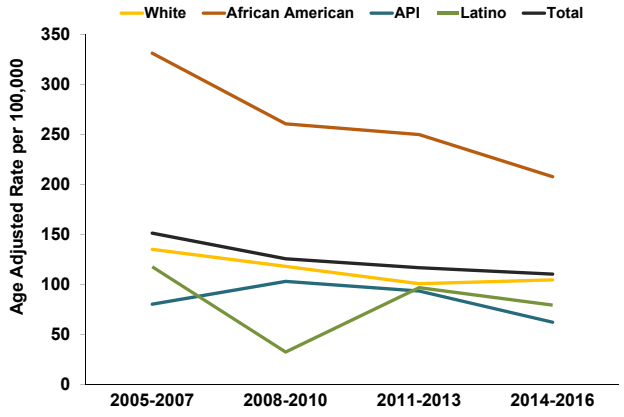
Figure 5.3 **TOP 10 CAUSES OF DEATH BY RACE/ETHNICITY Berkeley, 2014–2016**

Rank	White	Black	Latino	Asian/Pacific Islander
1	Cancer	Heart Disease	Cancer	Cancer
2	Heart Disease	Cancer	Heart Disease	Heart Disease
3	Stroke	Alzheimer's	Stroke	Stroke
4	Alzheimer's	Stroke	Unintentional Injury	Alzheimer's
5	Chronic Lower Respiratory Disease	Organic Dementia	Alzheimer's	Organic Dementia
6	Unintentional Injury	Chronic Lower Respiratory Disease	Organic Dementia	Diabetes
7	Organic Dementia	Diabetes	Diabetes	Pneumonia & Influenza
8	Intentional Injury	Nephritis & Nephrotic Syndrome	Pneumonia & Influenza	Parkinson's
9	Parkinson's	Unintentional Injury	Intentional Injury	Intentional Injury
10	Metabolic Disorders	Pneumonia & Influenza	Chronic Liver Disease & Cirrhosis	Chronic Liver Disease & Cirrhosis

NOTE: Color boxes denote causes of death that are leading in all racial/ethnic groups

Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2014–2016

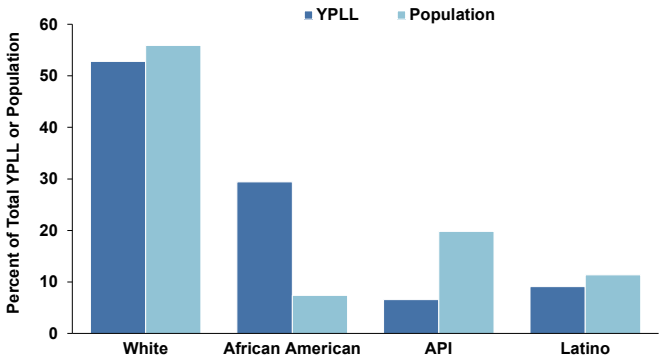
Figure 5.4 **ALL CARDIOVASCULAR DISEASE MORTALITY RATES BY RACE/ETHNICITY Berkeley, 2005–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2005–2016

Even though the Berkeley population as a whole is living longer healthy lives, there are racial/ethnic variations and disparities in causes of death, mortality rates, and years of potential life lost, as there are differences in health status throughout the life course. Shortened lives and premature mortality are the cumulative results of health inequities that span the life course from conception to old age.

Figure 5.5 **YEARS OF POTENTIAL LIFE LOST (YPLL) BY RACE/ETHNICITY Berkeley, 2014–2016**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2014–2016

CITY OF BERKELEY VITAL STATISTICS OFFICE

The City's Vital Statistics unit registers every birth and death in Berkeley, and receives information about births and deaths of Berkeley residents outside of the City. The Vital Records Office plays an important role in the analysis of birth and death records. The California State Office of Vital Records has acknowledged the excellence of Berkeley's Vital Statistics performance with annual awards since 2005.

Annie Burke

SUMMARY

This report presents a snapshot of the health of the Berkeley community. It describes how health changes over time, how we compare to our County, the State, and to the National Healthy People 2020 goals. It also shows how groups within Berkeley compare with each other and geographically.

KEY AREAS

Based on the 2018 Berkeley Health Status Report, the Public Health Division has identified four key areas that are important to monitor and develop interventions for:

- ***Obesity in both children and adults.*** Since While the overall childhood obesity rate in Berkeley is lower than in Alameda and California, the proportion of African American children who are overweight and obese in Berkeley is higher than Alameda County and California. In 2014, 16% of Berkeley adults were categorized as obese based on Body Mass Index (BMI), which is an increase from 2012. Additionally, among children and adults, African Americans and Latinos experience higher rates of obesity than Whites and Asians.
- ***Hypertension is increasing in all people in Berkeley.*** Hospitalization rates due to high blood pressure for the overall population is 20/100,000, the highest in a decade. The hospitalization rate for African Americans has sharply increased and is 120/100,000, over five times that of the total population.
- ***Sexually transmitted disease rates are at epidemic levels.*** Historically, chlamydia rates in Berkeley were lower than the State, but in 2015, Berkeley's rate increased substantially, surpassing both Alameda County and California. From 2011 to 2017, Berkeley's chlamydia rate has increased from 349.7 per 100,000 to 738.2 per 100,000. Gonorrhea rates in Berkeley are also consistently higher than those of Alameda County and California. From 2011 to 2017, Berkeley's gonorrhea rate has increased from 94.8 per 100,000 to 301.7 per 100,000.
- ***African Americans are more likely to die prematurely than any other racial/ethnic group in Berkeley.*** Years of Potential Life Lost (YPLL), a measure of premature death, demonstrates the significance. Although African Americans comprise 8% of the population; they account for almost 30% of the YPLL.

An additional emerging key area of interest that we will be monitoring is in demographic shifts in breast cancer incidence. For the first time, African American women have surpassed White women in the rate of breast cancer diagnosis. As we monitor this notable change, we will also seek to understand what is driving this trend.

Berkeley's health is characterized by an overall excellent health status with striking health inequities. These patterns of health inequities are neither new nor unique to Berkeley nevertheless, they are unjust and unacceptable. The underlying causes and their solutions lie in the environments and neighborhoods in which people are born, grow, live, work, and age. Truly addressing the root causes of health inequities requires focused, consistent, comprehensive, and sustained effort on many fronts. Through strategic collaboration, a unified vision, and broad community engagement we can achieve our mission of optimal health and wellness for all.

Annie Burke

HOW BERKELEY PROVIDES THE 10 ESSENTIAL SERVICES OF PUBLIC HEALTH

Berkeley's Public Health Division is responsible for fulfilling the 10 Essential Services of Public Health as defined by the Centers for Disease Control and Prevention (CDC). The examples below demonstrate how Berkeley's public health activities address these essential services. This is not a comprehensive account of Public Health activities.

Essential Service	Berkeley Examples
1. **Monitor** health status to identify and solve community health problems.	• Communicable Disease surveillance (including TB, STIs, HIV/AIDS) • Registration of births and deaths (Vital Statistics)
2. **Diagnose** and **investigate** health problems and health hazards in the community	• Communicable disease outbreaks • Health inequities in cardiovascular disease, low birth weight, diabetes, and asthma
3. **Inform**, **educate** and **empower** people about health issues	• Berkeley High School Health Center and Berkeley Technology Academy Clinic • School Linked Health Services
4. **Mobilize** community partnerships and action to identify and solve health problems	• Berkeley Healthcare Preparedness Coalition/Hub • Comprehensive Perinatal Services Provider Roundtables
5. **Develop** policies and plans that support individual and community health efforts	• Tobacco ordinances • Sugar Sweetened Beverage Tax and Healthy Berkeley Program
6. **Enforce** laws and regulations that protect health and ensure safety	• Immunization requirements for school entry • Public Health Emergency Preparedness Program
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable	• Nursing Targeted Case Management (TCM) • Partnerships with LifeLong Medical Care and Alameda County Public Health
8. **Assure** a competent public and personal health care workforce	• YouthWorks and AmeriCorps Programs • Training site for students interested in health (high school, college, graduate, and clinical)
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services	• Member of the local Fetal and Infant Mortality Review Board • Participation in Alta Bates Hospital Infection Control Committee
10. **Research** for new insights and innovative solutions to health problems	• Contribute our experience to the scientific literature and to professional and academic venues • Evaluation of impact of Sugar Sweetened Beverage Tax

LOOKING AHEAD

The City of Berkeley Health Status Report 2018 is the groundwork from which the Public Health Division, the Department of Health, Housing and Community Services, the City, and the Berkeley community will identify priorities, develop a strategic plan, and implement tailored interventions to improve community health. This path to better health is not one we can take alone. It is the charge of the entire community to create a healthy Berkeley. As a community member, you make choices that impact not only your own personal health, but the health of your families and neighbors. Community leaders in our City government, community based organizations, faith institutions, and local businesses, in addition to providers and residents all have a role to play in creating a healthier community. Collectively, we can achieve a better quality of life for all who live in Berkeley. We look forward to working with you.

Annie Burke

Office of the City Manager

ACTION CALENDAR
March 26, 2019
(Continued from February 26, 2019)

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Kelly Wallace, Interim Director, Health, Housing & Community Services Department

Subject: Referral Response: 1000 Person Plan to Address Homelessness

SUMMARY
On any given night in Berkeley, there are nearly 1,000 people experiencing homelessness. The City of Berkeley has implemented a number of programs to respond to this crisis, but data from the homeless point-in-time count indicate that, for the past several years, homelessness has nonetheless steadily increased. To understand the resources and interventions required to end homelessness in Berkeley--both by housing the currently unhoused population and by preventing inflow of future homelessness--the City Council asked staff to create a 1000 Person Plan on April 4, 2017. This report responds to that referral.

While all homeless people lack stable housing, not everyone needs the same level of support to obtain housing. To end homelessness in Berkeley, the city needs targeted investments in a variety of interventions, ensuring every person who experiences homelessness in Berkeley receives an appropriate and timely resolution according to their level of need (i.e., a homeless population of size “functional zero”). HHCS staff analyzed ten years of administrative homelessness data to understand the personal characteristics of people experiencing homelessness in Berkeley, how they are interacting with homeless services in Berkeley, and the factors most predictive of exiting homelessness without eventually returning back to the system.

From these analyses, HHCS staff estimate that over the course of a year, nearly 2000 people experience homelessness in Berkeley. This population has been growing because the population is increasingly harder to serve (longer histories of homelessness and more disabilities) and because housing is too expensive for them to afford on their own.

The types and sizes of all interventions to help Berkeley reach “functional zero” by 2028 are described in this report. To end homelessness for 1000 people in Berkeley, the original referral directive from City Council, the city will need up-front investments in targeted homelessness prevention, light-touch housing problem-solving, rapid

rehousing, and permanent subsidies, with a cost of $16 - $19.5 million up front and an annual ongoing expense of between roughly $12 – 15 million. These analyses suggest, though, that a 1000 Person Plan will not address the entire homeless population in Berkeley, but rather a portion of it. To end homelessness for all who experience it in Berkeley over the coming ten years, staff estimate an annual expense of between $17 and $21 million in year one, growing annually to a total expense of between $31 and $43 million by 2028. Staff recommend four strategic goals for the Council to consider in moving Berkeley's current system more rapidly towards a goal of functional zero.

These projected costs are in addition to Berkeley's current general fund expenditures on homeless services. Detailed analyses and cost estimates supporting staff's conclusions and recommendations are included as Attachment 1.

CURRENT SITUATION AND ITS EFFECTS

Overview of homelessness in Berkeley

Most homeless services experts agree that the HUD Point-in-Time (PIT) count actually undercounts the number of people experiencing homelessness in a community. If Berkeley's estimated homeless population size of 972 is based on a single night of data, that number will have missed anyone who lost their housing the next night, or who ended their homelessness the night before. This static, one-night number provides insufficient data to plan for a budgetary response to homelessness over the course of several fiscal years.

To address this, HHCS staff obtained 42,500 individual records from the county's Homeless Management Information System (HMIS), HUD's standardized homeless database where information on every person touching the service system in Berkeley is recorded. These records date to 2006, the first year Berkeley programs began participating in HMIS, and represent the most comprehensive data source available for such a project. Using these data, staff found:

- Over the course of a year in Berkeley, nearly 2000 people experience homelessness of some duration. This number has been steadily growing at an average rate of 10% every 2 years and is highly disproportionate in its racial disparity: since 2006, 65% of homeless service users in Berkeley identify as Black or African American, compared to a general population of less than 10%.

- Despite this growing population, Berkeley's homeless services beds[1] have been serving fewer unique households over time—even after accounting for the change in system bed capacity over time. The average number of unique individuals served per system bed has dropped from a high in 2011 of over 5 to under 3 by 2017.

[1] This includes emergency shelter, transitional housing, and rapid rehousing programs.

- The same individuals appear to be cycling in and out of homelessness in Berkeley. When looking only at clients who have used the system multiple times we find that the average number of times these individuals return back to homeless services has been increasing 9% year over year, and has increased 160% since 2006 (from 1.4 previous entries in 2006 to 3.5 in 2017). Moreover, these homeless people are finding it harder to exit those beds to permanent housing year over year; the average number of days they are spending in homeless services beds has been increasing an average of 13% year over year, from just under 1 month in 2006 to just under 3 months in 2017.

- The likelihood of returning back to homelessness in Berkeley after previously exiting the system for a permanent housing bed is increasing over time, irrespective of personal characteristics or the type of service accessed. Importantly, among those who previously exited the system to permanent housing in the past but eventually returned, the largest percentage of those exits had been to unsubsidized rental units. None of this is surprising given the extreme increase in the East Bay's rental housing costs over the past several years, and the volatility that creates for poor and formerly homeless people struggling to make rent.

- A comprehensive regression analysis found that having any disability (physical, developmental, substance-related, etc.) is by far the single largest reason a person is unlikely to exit homelessness to housing and subsequently not return back to homelessness.[2] Unfortunately, the percentage of homeless Berkeleyans self-reporting a disability of any kind has increased greatly, from 40% in 2006 to 68% by 2017--meaning the population is increasingly comprised of those least likely to permanently end their homelessness with the services available.

- Per Federal mandate, all entities receiving HUD funding for homeless services are required to create a Coordinated Entry System (CES) that prioritizes limited housing resources for those who are most vulnerable. However, Berkeley's Federal permanent supportive housing (PSH) budget, which supports housing for 260 homeless people, can place only about 25-30 new people every year. To help alleviate this lack of permanent housing subsidy, Berkeley experimented with prioritizing rapid rehousing for its highest-needs individuals at the Hub. We found that rapid rehousing can be used as a bridge to permanent housing subsidies, but, used alone, cannot prevent some of the highest needs people from returning to homelessness.

[2] We regressed all final permanent exits from Berkeley's homeless services system (i.e., an exit to permanent housing with no eventual return back to the system at some point thereafter) on a variety of personal characteristics, controlling for type of service accessed and year of enrollment in that project. Those reporting any disability were over 730% less likely to permanently exit the system. Race and gender had no discernable pattern of effects on outcomes.

Staff conclude from these findings that **the system has not created sufficient permanently subsidized housing resources to appropriately service a Coordinated Entry System**, and has instead relied on rapid rehousing to exit them from the system. Overreliance on rapid rehousing with high needs individuals in a tight housing market—all of which we found evidence for in these data--is a strategy that is tenuous in the long-run, as HHCS has previously explained in an April 2018 Information Report.[3]

Overview of a Homelessness Response Plan

In offering a response to this situation, HHCS staff offers the following:

- First, even with a fully-funded system, some people will continue to experience housing crises over time, and some of those people may lose their housing as a result. What can be designed, however, is a homelessness response system that renders homelessness brief, rare, and non-recurring: that is, a system that quickly triages each person based on their need and assigns them to an appropriate level of support to resolve their housing crisis as quickly as possible. A homeless population of 'zero' on any given night cannot be planned for, but a homeless population of 'functional zero' can: in other words, if the system's capacity to resolve homelessness is greater than the rate at which people are becoming homeless over time, then long-term, chronic episodes of homelessness can be eliminated.

- Second, while every homeless person lacks permanent housing, not everyone needs the same level of support to obtain and retain new housing. A "right-sized" system offers the right amount of a variety of interventions, ranging from targeted homelessness prevention, to light-touch, one time assistance like housing problem solving assistance, to rapid-rehousing, to permanently subsidized housing.

- Third, not all permanent housing subsidies are the same. Some high-needs individuals require a deep subsidy (whereby they pay 30% of their income, whatever that may be, towards rent, with subsidy to cover the rest). However, many others would be able to remain permanently housed with a shallow subsidy (for example, $600 per month). In projecting costs, we offer two permanent subsidy options for Council to consider: an option with 100% deep subsidies for everyone who needs ongoing support, and an option that has some subsidy variation.[4]

[3] See: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx

[4] Specifically, we assume that 1/3 will receive set-aside access to below market-rate (BMR) affordable units already subsidized for those at 50% AMI; 1/4 will receive market-rate apartments with subsidies covering 50% of the rent; 1/5 will receive a flat subsidy of $600 per month; and 1/4 will receive permanent

Addressing homelessness for 1000 people in Berkeley—the 1000 Person Plan

To permanently end homelessness for 1000 people in Berkeley, we estimate that the resources outlined below will be required. Detailed information on calculations, assumptions, and cost projections are available in Attachment 1.

Inventory - slots needed	
Targeted homeless prevention slots	295
Light touch, no financial assistance slots	211
Rapid Rehousing slots	211
Permanent Supportive Housing (PSH) slots	218
Permanently subsidized housing (PH) slots	361
Outreach (FTE)	11
Cost *(all line items assume 20% nonprofit admin expenses and associated city staff costs)*	
Targeted homeless prevention slots	$1,326,230
Rapid Rehousing slots	$2,000,112
PH + PSH subsidies and case management -- 100% deep subsidies*	$15,347,297
PH + PSH subsidies and case management -- with subsidy variation*	$11,891,616
Outreach costs	$891,000
TOTAL ANNUAL COST -- 100% deep subsidies	**$19,564,639**
TOTAL ANNUAL COST -- with subsidy variation	**$16,108,958**

* *Represents an ongoing annual expense*

This amounts to an up-front expense ranging from roughly $16 - $19.5 million up front, with an annual ongoing expense of between roughly $12 – 15 million for permanent subsidies.

A plan for solving homelessness for 1,000 people, the original Council referral, does not transform Berkeley's homeless system into a system that achieves "functional zero". To achieve functional zero, more resources would be needed as outlined below.

Ending all homelessness in Berkeley – A plan for Functional Zero by 2028

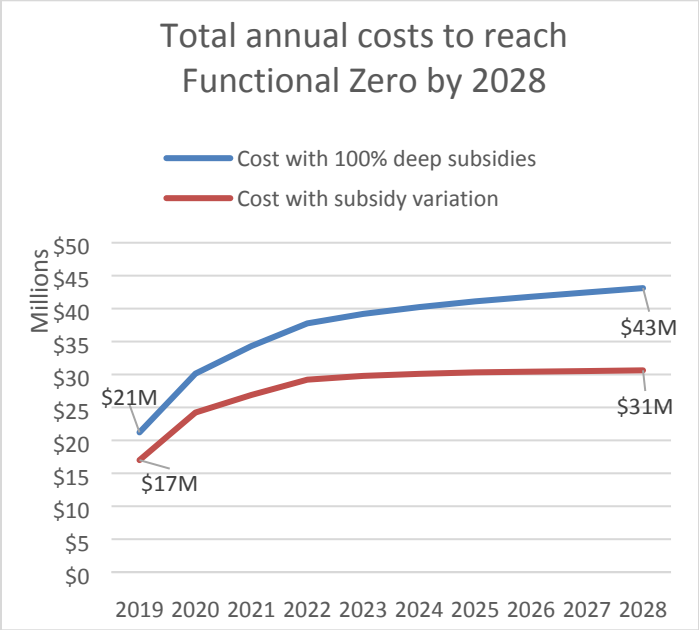
A plan to sustainably end homelessness in Berkeley within 10 years would require:

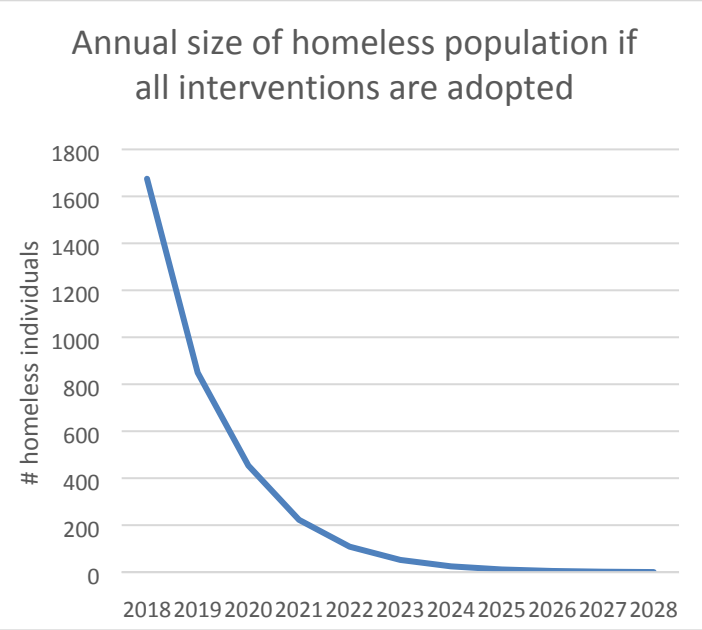
- An investment in targeted homelessness prevention of roughly $1.5M annually;

subsidy in market-rate apartments at 30% of their income. These proportions align with those used in the 2018 EveryOne Home Strategic Plan update.

- An investment in light-touch, housing problem-solving for rapid rehousing of roughly $2M in year one, shrinking to roughly $700,000 by 2028;
- An investment in permanently subsidized housing of:
    - $17M in year one, growing to $42M annually by 2028, for 100% deep subsidies;
    - $13M in year one, growing to $29M by 2028, for a varied approach to permanent subsidy.

This amounts to a total annual expense—and corresponding effect on the homeless population—as follows:





Detailed information on calculations, assumptions, and cost projections are available in Attachment 1.

Since this option requires an investment of substantially more resources than currently available, staff propose the following 5-year goals as a starting point.

Strategic Goals for Addressing Homelessness in Berkeley

Given the complexity and cost of homelessness in Berkeley, staff recommend that Council prioritize the following strategic goals over the following 5 years:

1. *Transform Berkeley's shelter system into a housing-focused, low-barrier Navigation System.* Staff project that this can be accomplished with $4.8 million in

2019, growing annually with costs of living to reach $5 million annually by 2023. To be maximally successful, this strategy relies on increased County and State funding for permanent housing subsidies. We believe, however, that shelters could improve housing outcomes with additional financial resources. Navigation centers, which are open 24 hours and allow more flexibility for clients, are more appealing to Berkeley's highest-needs street homeless population.

2. *Reduce chronic homelessness by 50% by 2023*. Staff project a total annual cost of $1.3 million beginning 2019, growing to $5.1 million annually in 2023 and beyond, to fund both deep and shallow permanent housing subsidies.
3. *Enhance the efficacy of homeless prevention resources with pilot interventions specifically targeted to need.* Staff project that this can be accomplished with $1.45 million in 2019, growing with costs of living to reach $1.52 million annually by 2023. For reasons detailed in the report, we recommend Council adopt this goal only after making progress on goals 1 and 2. Ideally, this would be funded by Alameda County, given the regional nature of housing and homelessness.
4. *Continue to implement changes to Berkeley's Land Use, Zoning, and Development Review Requirements for new housing with an eye towards alleviating homelessness.* If present economic trends continue, the pace with which new housing is currently being built in Berkeley will likely not allow for a declining annual homeless population. Berkeley should continue to streamline development approval processes and reform local policies to help increase the overall supply of housing available, including affordable housing mandated by inclusionary policies.

We project that the annual costs of achieving all these goals (with the exception of goal #4, which cannot be quantified at this time) is $7.8 million in year one, growing to $12.7 million annually by 2023. Detailed information on calculations, assumptions, and cost projections are available in Attachment 1.

BACKGROUND

On April 4, 2017, Council voted unanimously to take the following action: "Refer to the City Manager the creation of a 1,000 Person Plan to address the homeless crisis in Berkeley as described in the attached Pathways Project report, including prevention measures and a comprehensive approach that addresses the long-term needs of the City's approximately 1,000 homeless individuals. The plan should include the assessment, development and prioritization of all homeless housing projects currently underway; all homeless housing referrals from Council; housing and service opportunities that may be proposed by the City Manager; and a comprehensive plan to purchase, lease, build or obtain housing and services for Berkeley's homeless. The 1,000 Person Plan shall be presented to the City Council by the end of 2017 and include a preliminary budget and proposed sources of income to fund capital and operational needs over a 10-year period."

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects associated with strategic goals #1, 2, and 3 recommended in this report. The adoption of strategic goal #4 may have potentially significant environmental impacts, such as the reduction in vehicle emissions as commuters have access to denser housing along public transit corridors, case managers have less distance to travel when performing home visits to their formerly homeless clients, etc. Precise effects depend on specific actions taken.

POSSIBLE FUTURE ACTION

The City may consider adopting one or more of the four strategic goals outlined above.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

True costs of all four goals are unknown, but staff estimate that the 5-year strategic goals 1-3 will cost $7.8 million in year one, growing to $12.7 million annually by 2023.

CONTACT PERSON

Peter Radu, Homeless Services Coordinator, HHCS, 510-981-5435.

Attachments:
1: Analyses, assumptions, and cost projections.

Attachment 1: Analyses, Assumptions, and Cost Projections Supporting the 1000 Person Plan Referral Response

To perform these analyses, HHCS has over the past several months:

- Obtained 42,500 individual records from the county's Homeless Management Information System (HMIS), HUD's standardized homeless database where information on every person touching the service system in Berkeley is recorded. These records date to 2006, the first year Berkeley programs began participating in HMIS, and represent the most comprehensive data source available for such a project.
- Partnered with an intern from the UC Berkeley Goldman School of Public Policy to perform intensive data preparation and preliminary analyses.
- Aligned analytical methods with EveryOne Home (Alameda County's collective impact organization to end homelessness) and the City of Oakland, which have both undertaken similar sets of analyses, to ensure comparability to other strategic plans to address homelessness in the East Bay.

This attachment is structured in three parts.

- **Part I** presents comprehensive analyses of Berkeley's Homeless Services System using HMIS data, finding that homeless services users in Berkeley are generally getting more disabled and experiencing more spells of homelessness, exacerbating two problems: (i) they are remaining in shelter and transitional housing, finding it increasingly difficult to exit; and (ii) they are returning to homelessness with increasing frequency for lack of permanently affordable housing options in the greater Bay Area housing market. It draws the conclusion that the greatest need to end homelessness in Berkeley is permanently subsidized, affordable housing.

- **Part II** uses the analytical findings from Part I to present a model for reaching "functional zero" in Berkeley by 2028. We argue that to permanently render homelessness brief, rare, and non-recurring in Berkeley, the city should invest in the following five types of interventions:

    1. Targeted homeless prevention;
    2. Light-touch interventions with no financial assistance;
    3. Rapid Re-housing;
    4. Permanent Supportive Housing; and
    5. Permanently subsidized housing without services.

    Using intervention types and analytical methods that closely align with those used by EveryOne Home and the City of Oakland, we project that the total annual cost of these interventions is between $17 and $21 million in year one, growing annually to a total annual cost of between $31 and $43 million by 2028, to reach "functional zero."

Much discussion has been given to the concept and costs associated with housing 1000 people in Berkeley. Using the same analytical methods, we estimate that permanently ending homelessness for 1000 people in Berkeley (i.e., the number sleeping on our streets on any given night) will require ongoing costs of between $16 and $20 million annually. This does not account for future inflow of newly homeless people into Berkeley so will not permanently address homelessness in Berkeley.

All projected costs are in addition to Berkeley's current general fund contribution to homeless services.

- **Part III** presents strategic recommendations for the Council. Given the complexity and cost of homelessness in Berkeley, staff recommend that Council prioritize the following strategic goals over the following 5 years:

    1. *Transform Berkeley's shelter system into a housing-focused, low-barrier Navigation System.* Staff project that this can be accomplished with $4.8 million in 2019, growing annually with costs of living to reach $5 million annually by 2023. To be maximally successful, this strategy relies on increased County and State funding for permanent housing subsidies.
    2. *Reduce chronic homelessness by 50% by 2023*. Staff project a total annual cost of $1.3 million beginning 2019, growing to $5.1 million annually in 2023 and beyond.
    3. *Enhance the efficacy of homeless prevention resources with pilot interventions specifically targeted to need.* Staff project that this can be accomplished with $1.45 million in 2019, growing annually with costs of living to reach $1.52 million annually by 2023. For reasons detailed in the report, we recommend that Council adopt this goal only after making progress on goals 1 and 2. Ideally, such an effort would be funded by Alameda County, given the regional nature of housing and homelessness.
    4. *Continue implementing changes to Berkeley's Land Use, Zoning, and Development Review Requirements for new housing with an eye towards alleviating homelessness.* If present economic trends continue, the pace with which new housing is currently being built in Berkeley will likely not allow for a declining annual homeless population. Berkeley should continue to streamline development approval processes and reform local policies to help increase the overall supply of housing available.

    We project that the annual costs of achieving all these goals (with the exception of goal #4, which cannot be quantified at this time) is $7.8 million in year one, growing to $12.7 million annually by 2023.

<u>Part I - Overview of Berkeley's Homeless System Performance</u>

Finding 1: Our homeless population is growing—and it is bigger than we thought.

Most homeless services experts agree that the HUD Point-in-Time (PIT) count actually undercounts the number of people experiencing homelessness in a community. If Berkeley's estimated homeless population size of 972 is based on a single night of data, that number will have missed anyone who lost their housing the next night, or who ended their homelessness the night before. If people flow in and out of homelessness every day, then utilizing a static, single-night estimate of the population size as the baseline will underestimate the true annual need from a resources perspective (and thus annual costs from a budgetary perspective). Simply put, a plan to house 1000 people will not end Berkeley's homeless crisis, but rather end a portion of it.

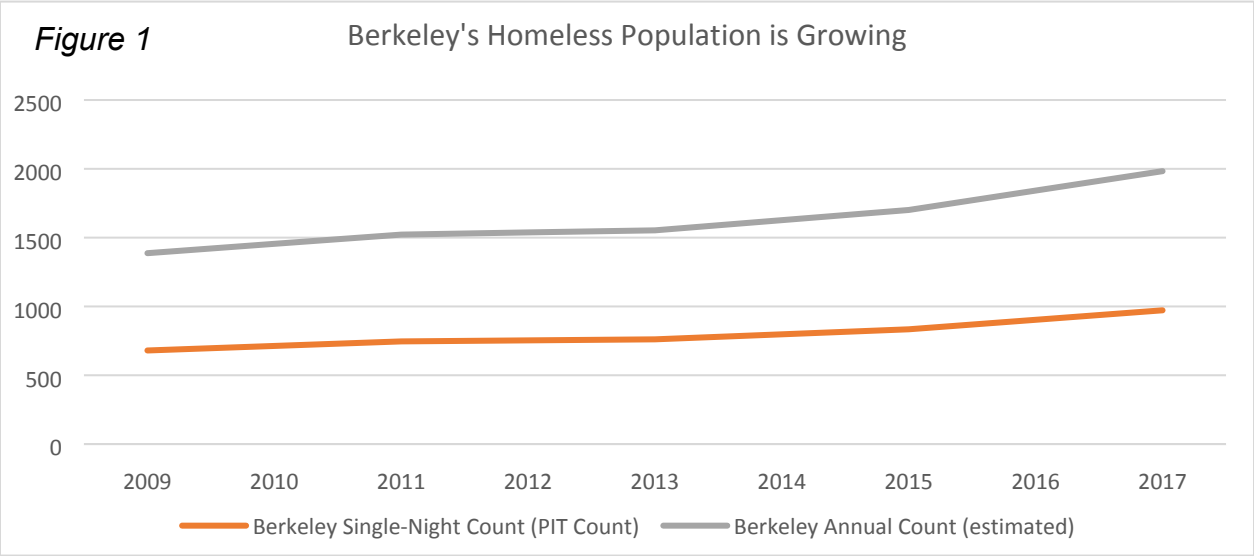
With this in mind, estimating the *annualized* homeless population size in Berkeley—and quantifying how it changes over time--is the first step towards "right-sizing" the system. Projecting the correct number of housing subsidies to fund in a budget year, for example, should be based on the estimated number of people who actually need to be served over the course of that budget year.

	2009	2011	2013	2015	2017
Single-Night Count (from point-in-time data)	680	746*	761*	834	972
Annual homeless pop. (estimated)	1387	1522	1553	1701	1983
Percent change from previous count		10%	2%	10%	17%

** Estimated from Alameda County counts; Berkeley-specific data are not available.*

HHCS estimates that, over the course of 2017 (the last year for which data are available), as many as 1,983 people experienced homelessness in Berkeley.[1] As indicated in Figure 1, this annual population has been increasing at an average rate of roughly 10% every two years, with the largest gains occurring between 2015 and 2017:

Figure 1



[1] This number was obtained by estimating a "multiplier" to translate the single-night estimate into an annual estimate. Our estimated multiplier of 2.04 is within the range expected by homeless system experts. The specific methodology used for estimating the multiplier is available upon request.

HHCS has previously reported on staggering racial disparities in the homeless services system.[2] Whereas people identifying as Black or African-American constitute less than 10% of Berkeley's general population, for example, they represent 50% of the single-night homeless population. These analyses reveal that the disparity among service users is even worse: since 2006, 65% of homeless service users in Berkeley identify as Black or African American. This large difference in Black individuals between the point-in-time count and service utilization count suggests that Black Berkeleyans are more likely to seek help from the system if they lose their housing, though this cannot be confirmed from the data available.

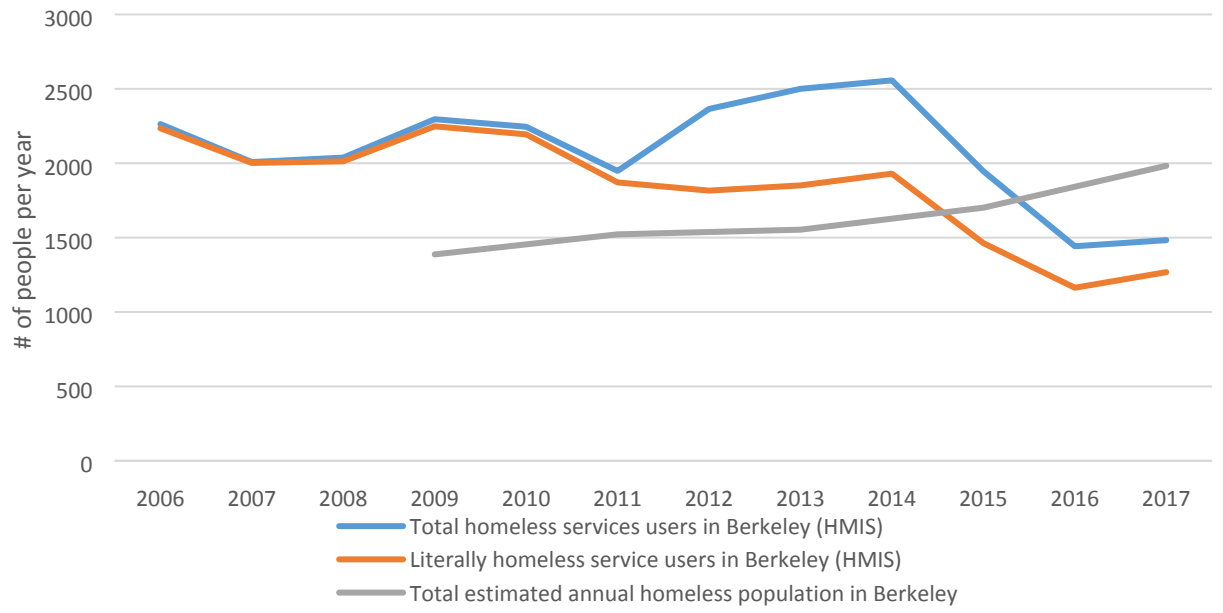
Finding 2: Despite a growing population, our system is serving a progressively smaller percentage of the literally homeless population.

Despite a growing homeless population size, the number of people actually using homeless system services each year in Berkeley (such as shelters, drop-in centers, or rapid rehousing subsidies) has not kept pace with this growth since 2015. Our analysis of HMIS data finds that, between 2011 and 2014, the homeless services system served a large population that was not "literally homeless" upon entry—in other words, people who reported staying with friends or family the night before, or coming from their own housing. Filtering for only those users who came from literal homelessness when entering the system, we find evidence that, **since 2014, the homeless services system is serving a smaller portion of the overall homeless population (see Figure 2)**.[3]

[2] See: https://www.cityofberkeley.info/Clerk/City_Council/2017/07_Jul/Documents/2017-07-25_Item_53_2017_Berkeley_Homeless.aspx

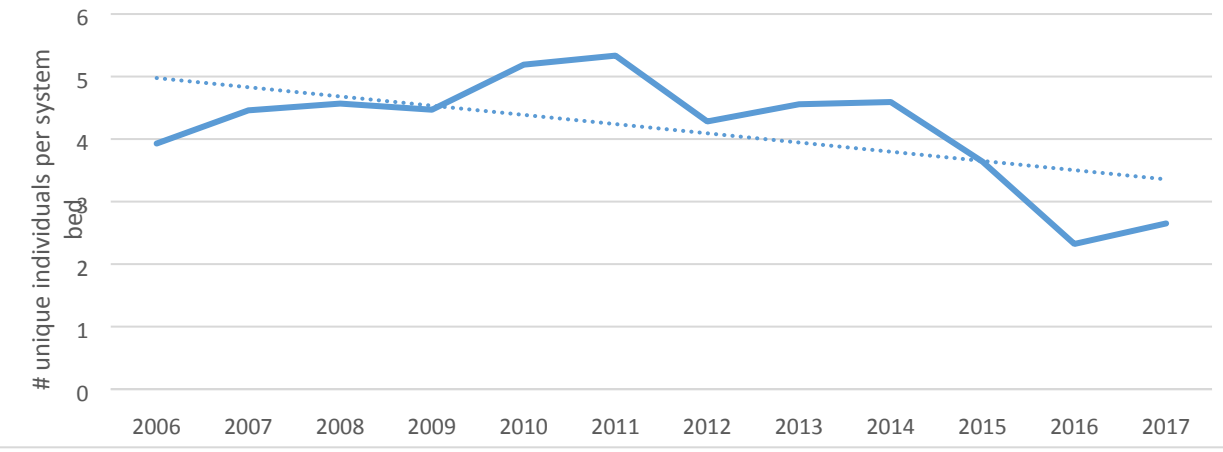
[3] In 2014, Berkeley's drop-in centers largely stopped entering new data in HMIS. When isolating the effects of drop-in data, we find that since that time 45% of the discrepancy between literally and non literally homeless users is attributable to drop-in center clients—in other words, 45% of non literally homeless people who used homeless services did so at Berkeley's drop-in centers. Importantly, removing drop-in data altogether has no impact on the trend of overall declining system usership.

Figure 2 Despite a growing homeless population, fewer are being served



This drop in overall service users does not appear to be a function of a decline in the system's bed inventory over time. Between 2006 and 2017, the number of beds in Berkeley's system (shelter, transitional housing, and rapid rehousing slots) changed, on average, less than 1% year over year. When controlling for the number of beds in the system, we actually find that fewer unique individuals are using any given bed year over year (see Figure 3).

Figure 3 Fewer unique individuals are using each system bed each year



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total Beds - RRH, ES, TH	294	296	296	296	284	254	284	255	265	276	273	269

Of note, both of the graphs above indicate that, beginning in 2016, trends began to reverse. In 2016, Berkeley began implementing its Coordinated Entry System (CES). These trends indicate that CES has had the discernable effect of serving a rising number of literally homeless people (rather than serving people who could resolve their homelessness with other options, like returning back to family), as was the system's intention.

Finding 3: The same people appear to be cycling in and out of the homeless system in Berkeley

What explains this drop in service utilization over time? There are two reasons why fewer unique individuals might be using any given bed each year:

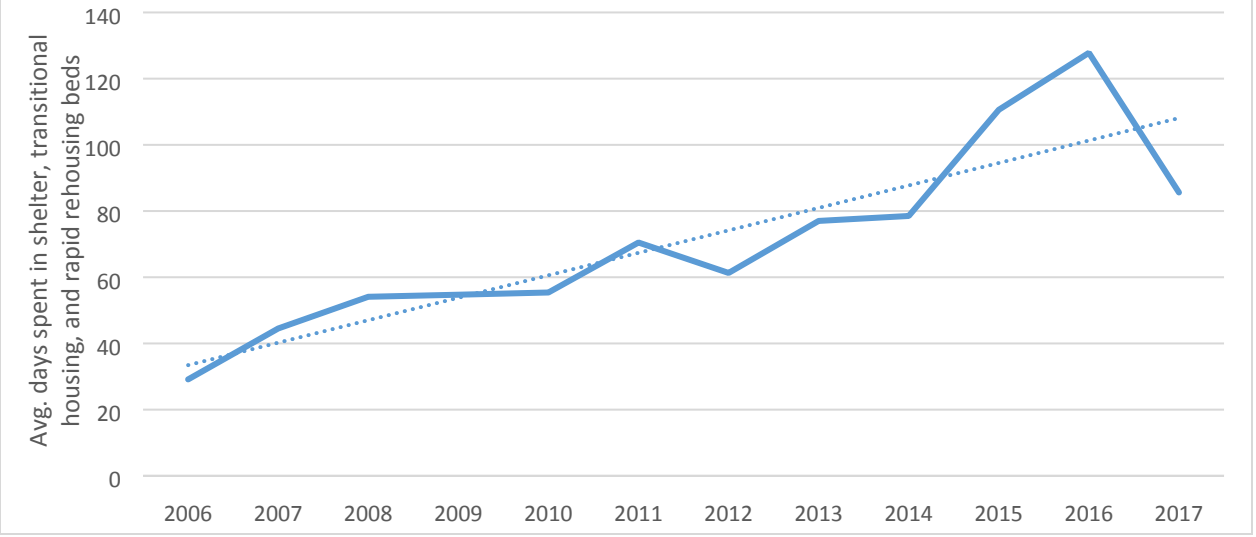
- Hypothesis 1: Different users might be getting increasingly "stuck" in the system over time--finding it more and more difficult, for example, to exit a shelter bed for housing.
- Hypothesis 2: Alternatively, the same, repeat individuals might be cycling through the system more and more over time, thus reducing access to the system for other, "new" users.

This is a critical distinction with divergent policy solutions: the first hypothesis implies that the system lacks resources to quickly "exit" people from homelessness (for example, rapid rehousing subsidies to create "flow" through system beds). The second hypothesis instead implies that the system lacks *permanency* of exits for clients—even if someone previously exited the system to housing, they may be returning to homelessness with greater frequency over time for lack of permanent affordability in the housing market.

Our analysis of the data provides some support for both hypotheses. First, as indicated in Figure 4, the average number of days individuals are spending in homeless services beds has been increasing an average of 13% year over year, from just under 1 month in 2006 to just under 3 months in 2017. Berkeley's shelters only removed length-of-stay limits in 2016 (well after this trend emerged), meaning that the increase cannot be attributed to this policy shift alone (see footnote[4] for more on the dip in 2017):

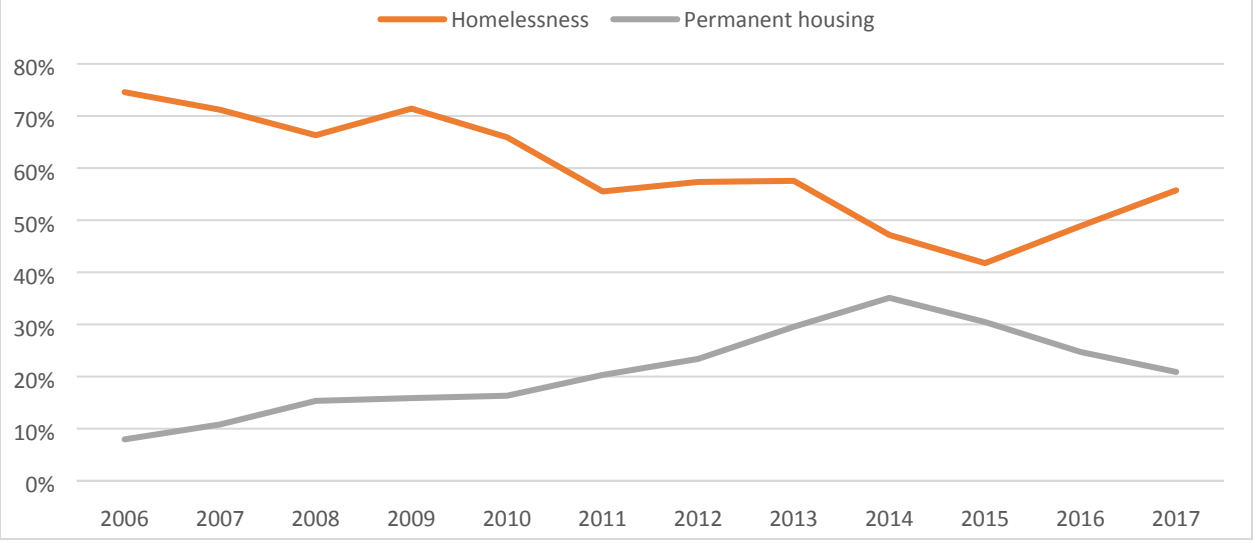
[4] Note that, beginning with the initiation of Coordinated Entry in 2016, the upward trend of time spent in homeless beds sharply reversed. There are two potential explanations for this trend reversal: either (i) the average shelter stay length decreased as high-needs individuals, for whom CES began reserving beds, chose not to remain in shelter for long; and/or (ii) CES began prioritizing the longest-term homeless people for housing first, thus helping move some very long-term stayers out of system beds and into housing. Unfortunately, the data available cannot reliably determine which explanation is driving the trend.

Figure 4 Clients are spending more time in homeless beds each year



Moreover, in recent years, Berkeley has seen a reversal of an otherwise positive trend: since 2014, clients are increasingly likely to exit the system to homelessness, and less likely to exit to permanent housing destinations (see Figure 5)[5]:

Figure 5 Percentage of total annual system exits from shelter, transitional housing, and rapid rehousing to...



Second, analyses demonstrate that the system is increasingly open to only a small pool of repeat consumers. As shown in Figure 6, the number of repeat consumers has remained relatively stable over time (with Coordinated Entry reversing a downward

[5] Figure 5 includes exits from all system "beds" (including shelter, transitional housing, and rapid rehousing).

trend in 2016, indicating success in targeting long-term homeless people for services), but Figure 7 reveals that this pool of individuals is accounting for an increasingly large share of overall service use:

Figure 6 Whereas the total number of "repeat" users of the system has not discernably changed over time...

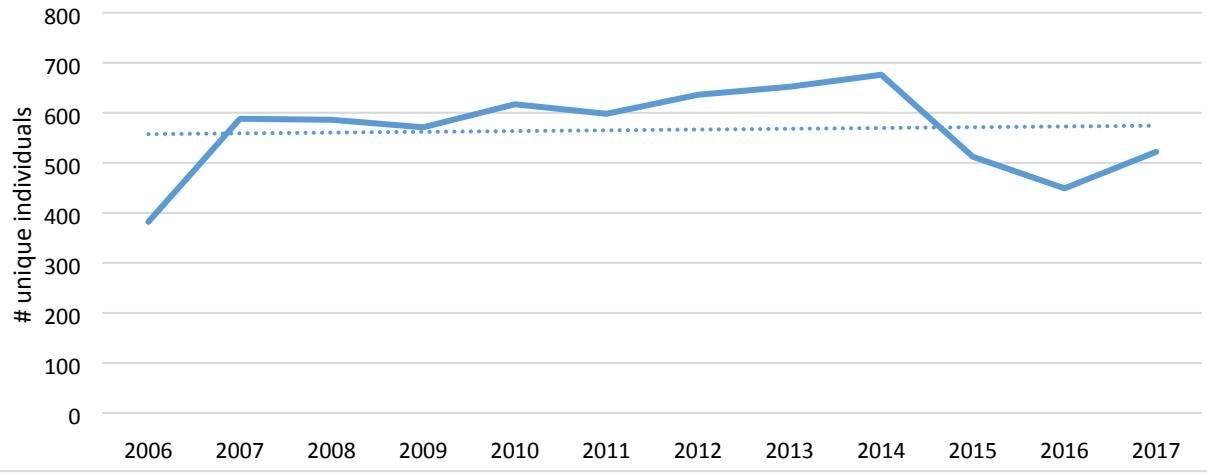
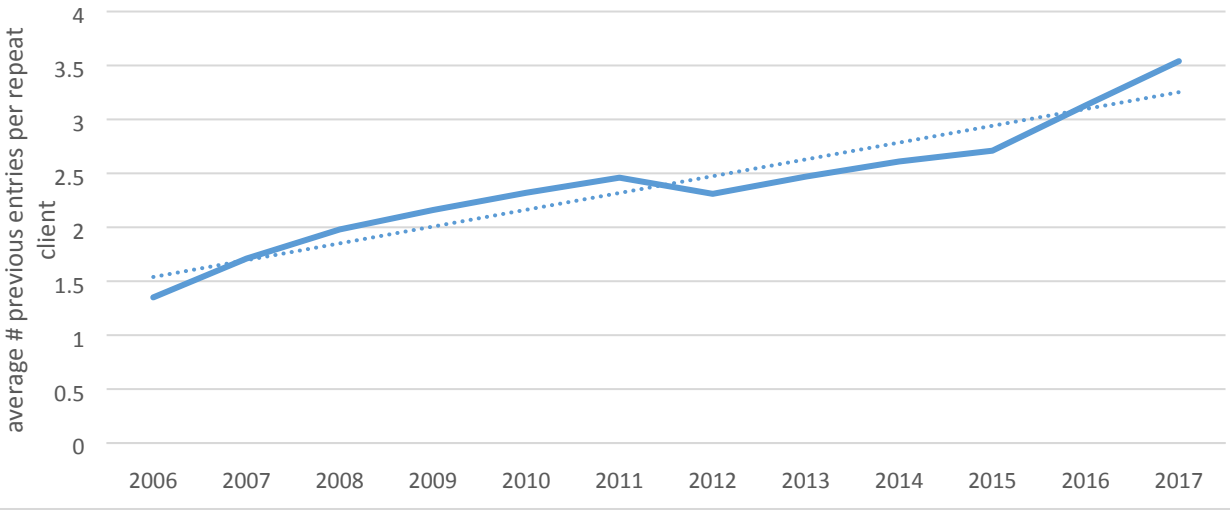


Figure 7 ..the average number of times each of these repeat users has previously used the system is increasing dramatically.



Overall, the average number of previous entries is increasing an average of 9% year over year, and has increased 160% since 2006—from 1.4 previous entries in 2006 to 3.5 in 2017. (These analyses account for shelter, transitional housing, and rapid rehousing beds only).

To summarize, these trends indicate that homeless people in Berkeley are generally finding that it is harder, and takes longer, to exit homelessness to permanent housing each year—and once they do exit, they seem increasingly likely to return back to the

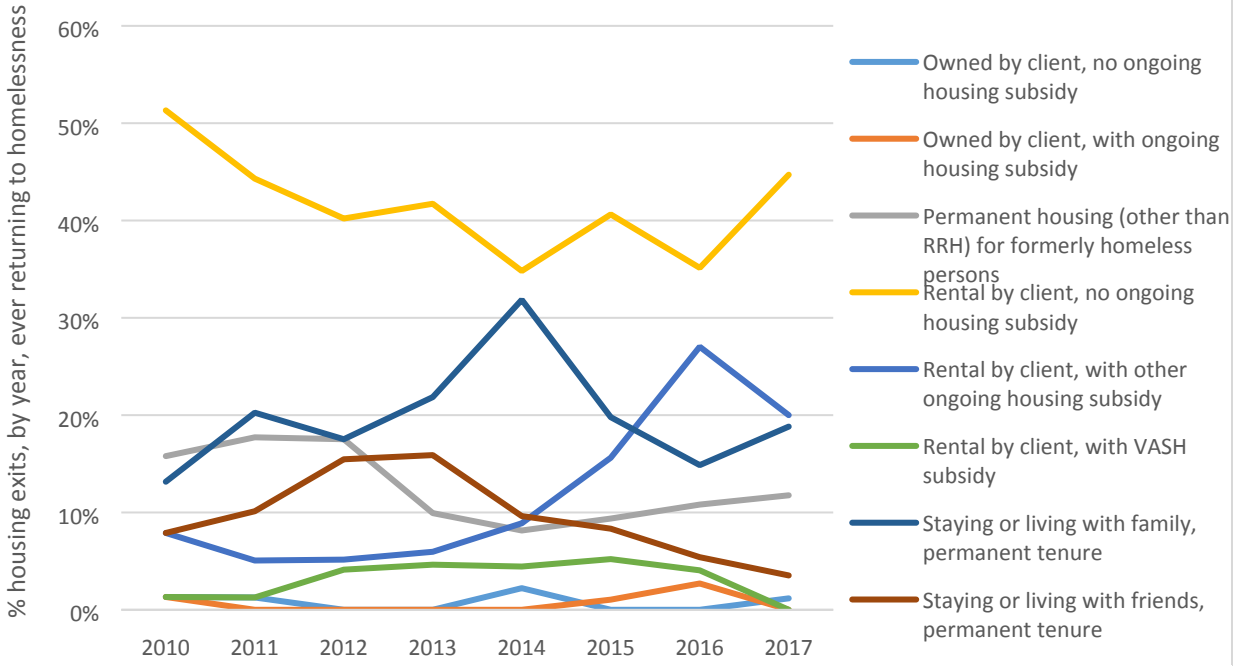
system over time. A regression analysis on the likelihood of exiting homelessness without eventually returning found that, relative to 2006, Berkeleyans were 16%, 19%, and 22% less likely to exit to housing without returning in 2015, 2016, and 2017, respectively—regardless of any personal characteristics, or the type of service they accessed.

None of this is especially surprising when viewed in light of the East Bay's dramatic uptick in rental prices and housing instability, at all income levels, over the past several years. Between January 2015 and December 2017, for example, average asking rents in Berkeley jumped 54% (from $1,371 to $2,113). Meanwhile, homeless Berkeleyans' incomes are increasingly unable to keep pace: in 2017, homeless people exited the system with an average of only $628 in monthly income, with only 7% able to increase their income by any amount during their stay in the system (from an average of $481 to an average of $1,190), irrespective of the type of service accessed. Meanwhile, the average asking rent for a one bedroom apartment in Berkeley in 2017 was $2,581;[6] in Oakland over the same period, rent averaged $2,285.[7]

This housing instability, and general inability for previously homeless people to afford rent on their own, is clearly reflected in the system data (Figure 8): among those who previously exited the system to permanent housing in the past but eventually returned, the largest percentage of those exits had been to unsubsidized rental units. **Without an intervention that focuses on creating permanent affordability in the housing market, all available evidence suggests that anything Berkeley does to address homelessness will not reduce it so long as present trends continue.**

[6] See: https://www.rentjungle.com/average-rent-in-berkeley-rent-trends/
[7] See: https://www.rentjungle.com/average-rent-in-alameda-rent-trends/

Figure 8 Those who exit homelessness to an unsubsidized rental unit are the most likely to eventually return to homelessness



** HUD has changed HMIS data categories over the years, making data prior to 2010 incomparable.*

Finding 4: Berkeley's homeless population is getting increasingly harder to serve

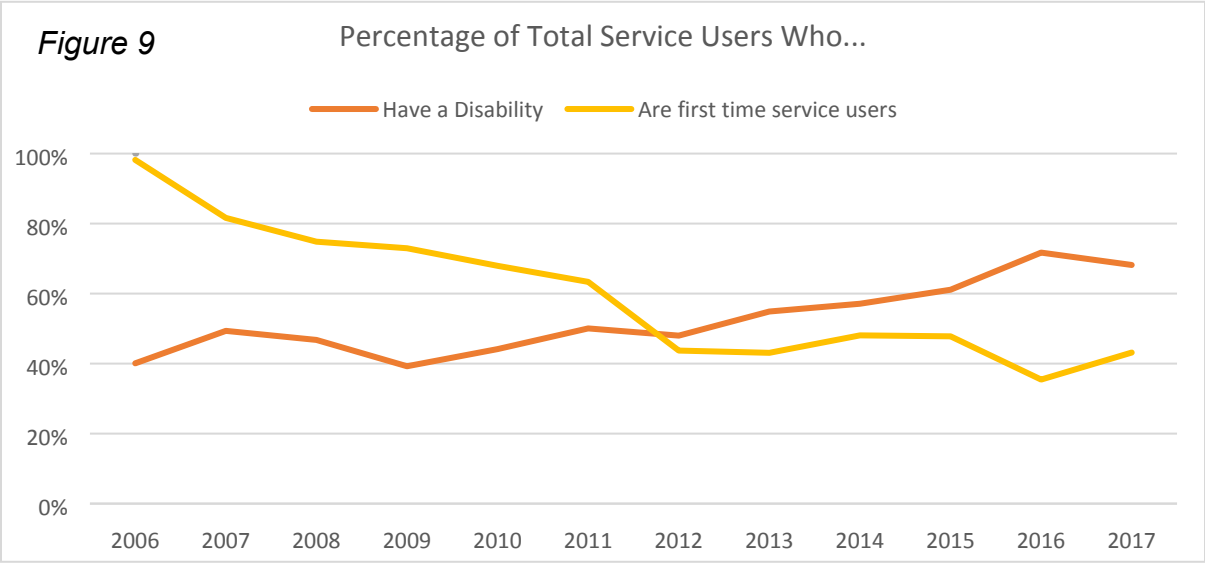
All of this begs the question: why are people getting stuck and cycling in and out of homelessness in Berkeley? For one, the data clearly suggest that, in part, the population is increasingly comprised of people who are very difficult to serve.

To isolate the effects of personal characteristics on likelihood of successfully exiting the system and not returning to homelessness, we partnered with an intern from the Goldman School of Public Policy to perform comprehensive system regression analyses. The table below summarizes a few predictive variables of interest in an analysis that controls for year and type of service accessed:

Characteristic	Effect on likelihood of successfully exiting from homelessness
Amt. total monthly income (per dollar)	No effect
Engagement in criminal activity	-5%
Having a disability (of any kind)	-733%

Overall, these analyses reveal that having any disability (physical, developmental, substance-related, etc.) is by far the single largest reason a person is unlikely to exit homelessness to housing and subsequently not return.[8] Perhaps unsurprisingly, Berkeley's homeless population is not only increasingly serving "repeat" consumers,[9] but a greater proportion of people with a disability over time (see Figure 9):

Figure 9



Note that, in 2016, the percentage of first-time service users saw its single largest increase in the history of the database. By design, Coordinated Entry prioritizes homeless resources for the most vulnerable (those least likely to be able to access the system on their own). We believe that the success of this policy shift is reflected in these trends.

Finding 5: Coordinated Entry is unlikely to end homelessness in Berkeley without additional permanent subsidies.

The previous analyses have found that, over the past 11 years, (i) fewer first-time homeless individuals are being served, (ii) more people with disabilities are entering, and (iii) fewer people are exiting to permanent housing—and fewer are likely to keep their housing once they leave. While much of this is undeniably the effect of a housing market that has become more supply-constrained, competitive, and expensive, some of it is also by design: beginning in 2016, our system began intentionally serving long-term and disabled homeless individuals first.

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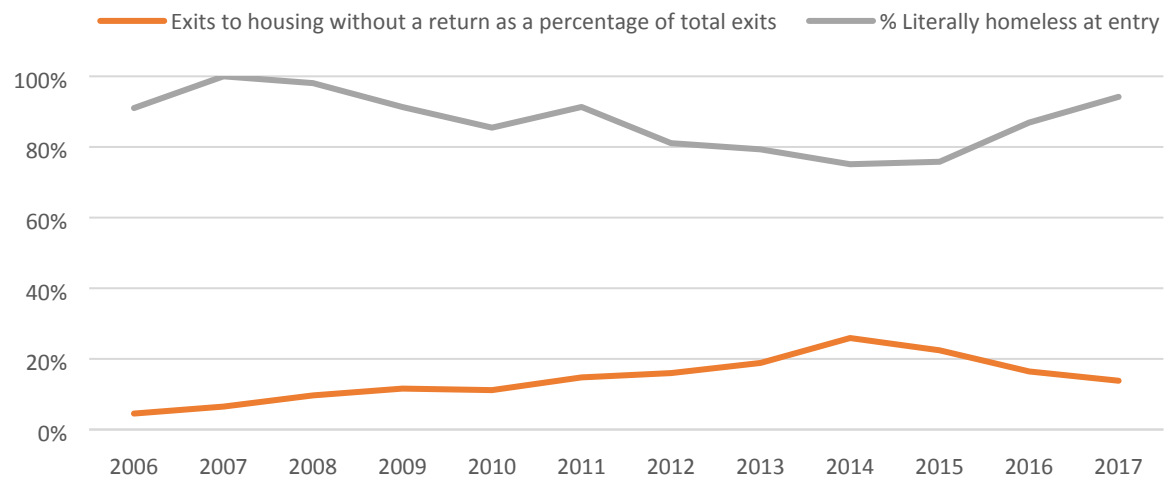
[8] Surprisingly, race/ethnicity had no major effects on someone's likelihood to exit homelessness without eventually returning, despite the documented disproportionality among people of color experiencing homelessness. We posit two potential explanations: (i) either the system is not regularly discriminating by race when sustainably exiting people to housing; and/or (ii) people of color previously served by the system but returning to homelessness are less likely to access services altogether, or more likely to simply relocate to other communities. The available data cannot be used to distinguish between these two potential explanations.

[9] Note that 100% of clients were "first-time users" in 2006. This is because the database was initiated in 2006, meaning every instance of service use was necessarily someone's first.

Per Federal mandate,[10] all entities receiving HUD funding for homeless services are required to create a Coordinated Entry System (CES) that prioritizes limited housing resources for those who are most vulnerable (and therefore least likely to resolve their homelessness on their own). On January 4, 2016, Berkeley became the first jurisdiction in Alameda County to establish such a system. This fortunate timing affords these analyses two full years of data to explore the effects of CES on homelessness.

First, Figure 10 demonstrates that Coordinated Entry has restored homeless services for people who are actually literally homeless. Beginning in 2011, Berkeley's homeless services system began serving a significant number of people who were not actually literally homeless—i.e., they spent the previous night in their own rental unit or with friends and family. Unsurprisingly, these individuals likely drove a temporary spike in the percent of overall system exits to housing without an eventual return. Beginning in 2016, with the start of Coordinated Entry, the City's homeless services were restricted to literally homeless people. This change in priority to help literally homeless people who had been on the streets the longest and were disabled has had the trade-off of compromising system housing performance in a remarkably consistent fashion:

Figure 10 Coordinated Entry has once again prioritized homeless services for those who are literally homeless



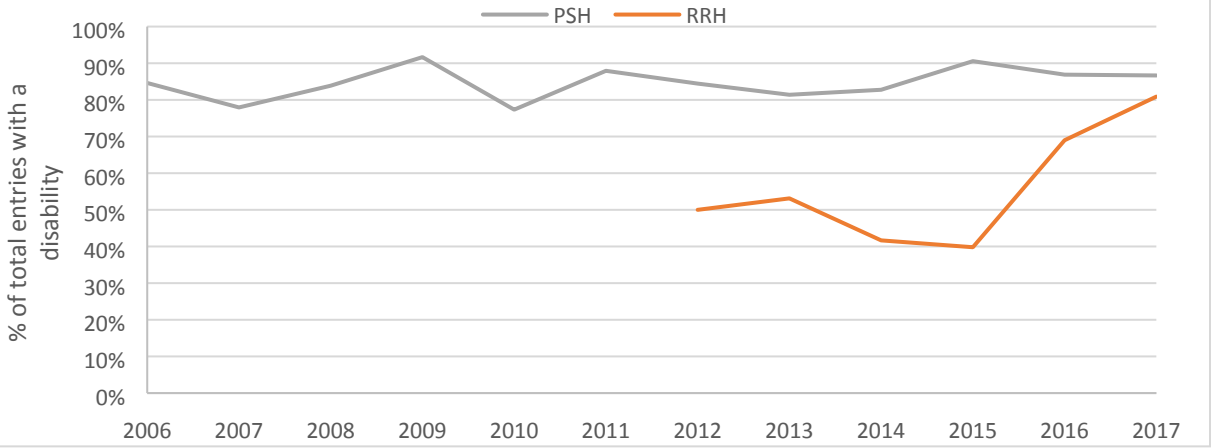
Additional analyses suggest not that Coordinated Entry is ineffective at housing high-needs homeless people in Berkeley, but rather that Berkeley has not had access to sufficient tools needed to implement this policy shift. Berkeley has roughly 260 permanent supportive housing (PSH) vouchers for homeless people. In any given year, only about 10% of these vouchers turn over for new placements, meaning that only 25-30 homeless individuals can be permanently housed, with ongoing deep rental subsidy,

[10] See: https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf

in any given year. Meanwhile, 27% of Berkeley's homeless population is chronically homeless—261 individuals *on any given night.*

To alleviate this supply/demand mismatch, the City implemented a policy of prioritizing high-needs people not just for PSH, but also for rapid rehousing (RRH),[11] beginning in 2016. As a result, the percentage of RRH clients entering with disability had approached that of PSH by 2017 (see Figure 11):

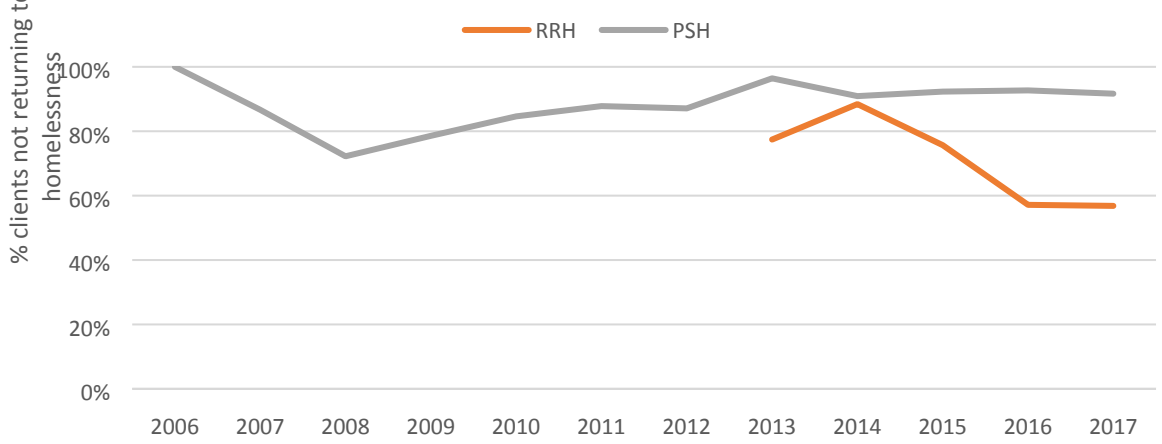
Figure 11 More clients are entering RRH with a disability after CES



Given what we now know about the statistical effect of disability on housing success, this has had the predictable effect of reducing the percentage of clients who are able to ultimately keep their housing after the subsidy and intervention ends, from a pre-CES average of 81% to a post-CES average of 57%. Compare this to PSH homeless return rates, which were less than 9% in 2017:

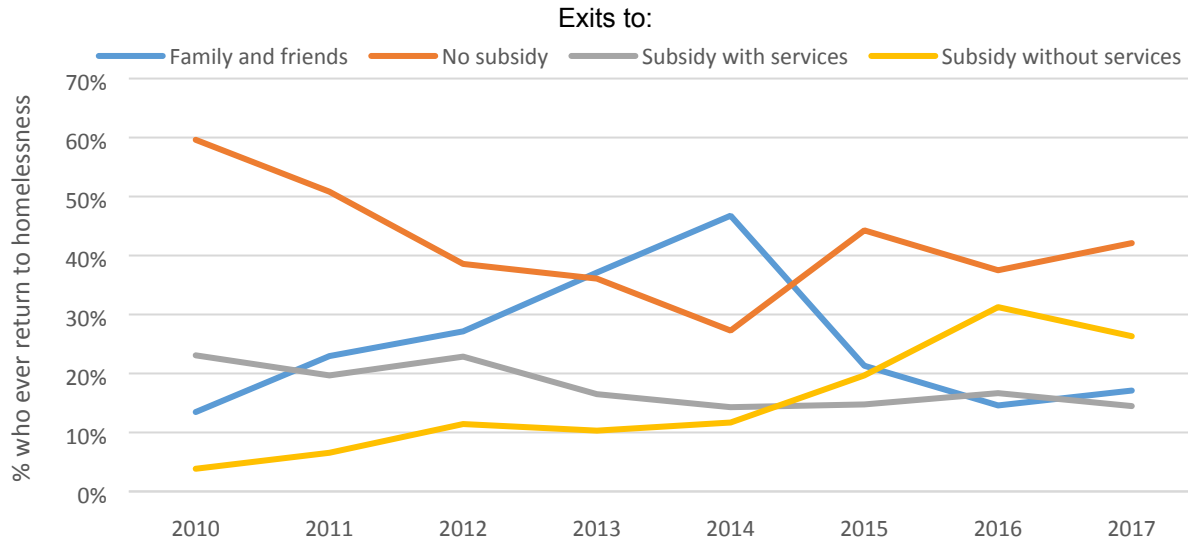
[11] For more information on rapid rehousing as an intervention for homelessness, see: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx

Figure 12 More disabled clients return to homelessness from rapid rehousing than permanent supportive housing:



In fact, among those who self-report a disability at exit, those exiting to housing with subsidies are consistently less likely to eventually return to homelessness than those who do not:

Figure 13 Permanent subsidies help prevent disabled homeless people from returning to homelessness:



** HUD has changed data categories over the years, making data prior to 2010 incomparable.*

Conclusion: Berkeley's homeless services system is not under-performing—rather, it lacks the tools appropriate for the population it serves.

These analyses demonstrate, with a level of rigor not previously undertaken within our system, that the performance of homeless services in Berkeley is declining over time

because it is suffering from a fundamental mismatch between client characteristics and appropriate resources. The homeless population has gotten larger over time, but fewer and fewer people are accessing the system as "repeat" clients cycle in and out of homelessness. In response, Berkeley has prioritized resources for those most in need through Coordinated Entry, and has seen tremendous success in restoring homeless services for those who are literally homeless and unable to access the system on their own. However, **is the system has not created sufficient permanently subsidized housing resources to appropriately service a Coordinated Entry System**, and has instead relied on rapid rehousing to exit them from the system. Overreliance on rapid rehousing with high needs individuals in a tight housing market is a strategy that is tenuous in the long-run, as HHCS previously explained in an April 2018 Information Report.[12]

Part II – Overview of Interventions and Costs Needed to Achieve "Functional Zero"

To reach "functional zero" in Berkeley (that is, a dynamic system where the number of people entering homelessness equals the number exiting homelessness each year), the City must right-size its system such that the appropriate number of resources are available, per year, to the right people who need them.

HHCS staff performed an analysis of system flow and trends, and projects that, if present trends continue (i.e., no additional resources but continuing rates of exits, returns, and system inflow), Berkeley will need resources for an additional 1,748 people beginning in 2019, and an additional 2,664 people by 2028. This need is above and beyond the total number the city's current budget is projected to house each year:

Annual…	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Size of Homeless Population	2146	2233	2323	2416	2513	2615	2720	2830	2944	3062
Of this population, estimated…										
Newly homeless population	944	982	1022	1063	1106	1150	1197	1245	1295	1347
Returners & long-term homeless population	1202	1250	1301	1353	1408	1464	1523	1585	1649	1715
Exits to permanent housing	398	398	398	398	398	398	398	398	398	398
Number remaining homeless	**1748**	**1835**	**1925**	**2018**	**2115**	**2217**	**2322**	**2432**	**2546**	**2664**
Of this population, estimated…										
# not currently using services	410	430	452	474	496	520	545	571	597	625
# using services	1338	1404	1473	1545	1619	1697	1777	1861	1948	2039

The table above quantifies this estimate. A significant portion of the population consists of people who are new to the system (the "newly homeless population"). In other words, with present resources, we project that as many as 944 individuals will fall into homelessness for the first time in Berkeley in 2019—or roughly 17 people per week. The remainder will consist of previously homeless individuals returning to homelessness

[12] See: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx

and long-term homeless individuals not yet served. Not all of these individuals will have been last housed in Berkeley, but estimating the actual number last housed in Berkeley cannot reliably be accomplished with existing data sources.

If present funding trends continue (i.e., funding for the current system remains constant), we expect 398 permanent housing placements annually. Subtracting these placements from the annual homeless population yields an estimate of those remaining homeless, which contributes to the ensuing year's population growth. By calculating the difference between the annual estimated homeless population and the subset of those individuals who actually surface in our homeless system database, we estimate that just under 25% of the population annually will not utilize any homeless service and will require additional outreach resources to engage.

Not all of these individuals will need or benefit from the same type of intervention. While some will be unable to exit homelessness for good without the assistance of permanent supportive housing, others will benefit from time-limited, lighter-touch interventions like housing problem-solving conversations with appropriate referrals. To reach functional zero, staff estimate that, Berkeley will need to invest in the following five types of interventions:

1. Targeted homeless prevention;
2. Light-touch interventions with no financial assistance;
3. Rapid Re-housing;
4. Permanent Supportive Housing; and
5. Permanently subsidized housing without services

Below we describe each intervention, and their associated costs, in turn.

Targeted Homeless Prevention

One of the greatest uncertainties in a "functional zero" analysis is estimating the number of people who could have been prevented from entering homelessness in the first place.

- First, it is difficult to estimate the number that become "newly homeless" year over year. There is no database that registers an entry every time someone loses housing and enters homelessness. Moreover, HMIS data (the database used for this report) only tracks people who access services; with a limited number of shelter beds, we know that a growing percentage of people do not access services, anecdotally evidenced in part by the significant growth in homeless encampments.

- Second, not everybody experiencing homelessness in Berkeley was housed in Berkeley at the time they became homeless. For this population, Berkeley homeless prevention efforts would likely be impossible. Since homelessness is clearly such a regional issue, Alameda County must be the lead for an expanded prevention effort to be maximally successful.

- Third, the ability to accurately target homeless prevention resources to people who are actually going to become homeless remains quite low.[13] Not every person who is at risk of becoming homeless actually goes on to experience homelessness. There are far more unstably housed people and people experiencing poverty than people experiencing homelessness in this country, making upstream prevention efforts difficult and often inefficient.

For these reasons, we found that approximately 221 (roughly 25%) of the estimated 873 people who became newly homeless in Berkeley in 2018 would have been amenable to homeless prevention interventions,[14] at a cost of roughly $1.3 million annually.[15] These interventions would be targeted as much as possible using homeless risk screening tools and prioritized for people least likely to resolve their housing crisis on their own, and are therefore qualitatively different from broader eviction prevention efforts currently funded by the City of Berkeley.

We also predict that a small number of individuals who lose their permanent supportive housing and return to homelessness for preventable reasons, such as nonpayment of rent (no more than 10 on average each year) could be prevented with a modest additional investment (roughly $130,000 in year one).

Figure 14 summarizes the annual investment needs for this intervention. The spike in 2021 results from preventing additional future returns to homelessness from new permanent interventions discussed below.

[13] See: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.926.5184&rep=rep1&type=pdf

[14] We calculate this number from by multiplying (i) the percentage of people who, in 2016 and 2017, entered homelessness from living situations amenable to homelessness prevention, such as their own rental housing or from friends/family (25%); (ii) the percentage of Berkeleyans in the 2017 Point-In-Time Survey that reported being housed in Alameda County at them time they lost housing (76%), using this as a proxy for being housed in Berkeley for lack of more specific data; and (iii) the percentage of people who would likely actually have their housing successfully sustained by prevention efforts (75%), using data from Berkeley's Housing Retention Program. This methodology was also used by EveryOne Home and the City of Oakland.

[15] This assumes an average grant size of $5000 per recipient and 20% for administrative and nonprofit overhead expenses.

Light-touch Interventions with No Financial Assistance

Not everybody who becomes homeless requires a great deal of assistance to resolve their homelessness. Poor and unstably housed people are remarkably resilient and often able to resolve their homelessness on their own with no financial assistance. For example, 38% of system users in Berkeley between 2006 and 2017 touched the system only one time and never returned back to the system again. Of these, roughly 10% exited to unassisted permanent destinations, such as permanent accommodations with family or their own, unsubsidized housing.

From these numbers, we estimate that up to 10% of non-chronically homeless individuals in Berkeley would benefit from light-touch interventions with no financial assistance, such as a focused housing problem-solving conversation with trained staff.[16] We believe this type of intervention could be built into the administrative expenses quantified in the rapid rehousing interventions described below.

Rapid Rehousing

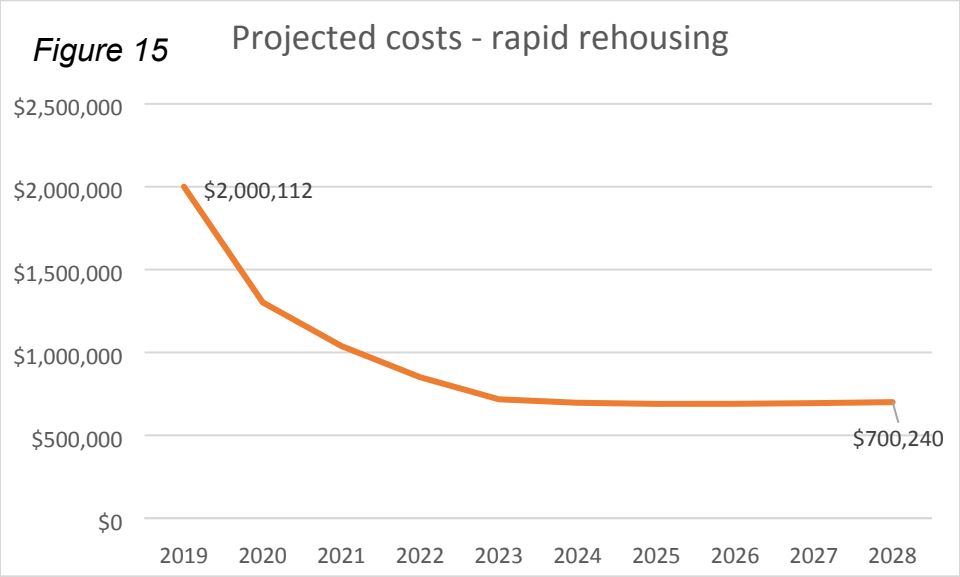
The 2017 point-in-time homeless count revealed that 94% of Berkeley's homeless population consists of single, unaccompanied adults. As we have previously reported to the Council,[17] very little research exists on the long-term efficacy of rapid rehousing in ending homelessness among single adults, and while this intervention can be successful for this population, it must be carefully applied to people who are most likely to succeed with the short-term assistance it offers.

[16] This proportion was used by the City of Oakland and EveryOne Home as well.
[17] See: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx

From national literature, a highly important predictor of success is the ability to increase income over the course of the intervention.[18] Locally, the analyses in this report reveal that the single largest predictor of returning to homelessness over the long-run is having a disability of any kind. Therefore, to estimate the proportion of individuals in Berkeley who are likely to benefit from rapid rehousing and not eventually return to homelessness, we examined the proportion of non-disabled individuals who had some capacity to increase their income (either they already worked or did not report a fixed disability income as their only source). From these numbers, we estimate that roughly 10% of the population is likely to permanently exit homelessness with a rapid rehousing intervention, with roughly half of that requiring only one-time assistance (e.g., assistance with security deposits) and the other half requiring up to several months of rental subsidy and case management. This translates into 211 rapid rehousing "slots" at an annual cost of $2 million in year one, and shrinking to $700,000 by 2028[19] as the overall homeless population shrinks.

In comparison to the Hub and the STAIR Center's budgets for rapid rehousing and administration, these estimates reveal that Berkeley actually needs little additional rapid rehousing investment, as this has been the greatest focus of subsidy expansion in recent years. Figure 15 summarizes the annual costs for this intervention through 2028.

Figure 15



[18] Focus Strategies (2017). Valley of the Sun United Way Final Evaluation of the Rapid Rehousing 250 Program. http://kjzz.org/sites/default/files/RRH%20250%20Final%20Phase%20One%20Report%2006262017%20(1).pdf

[19] For one-time assistance costs, we relied on HMIS exit data finding that among those exiting to unassisted permanent destinations in 2016 band 2017, 55% exited to their own rental housing and 45% exit to family and friends; we assume $3500 in average assistance for the former, plus an average travel or relocation voucher of $250 for the latter. For those exiting with several months of assistance, we employ Hub data to estimate average rents and durations. Both estimates include associated staff and administrative expenses of 20%.

Permanent Supportive Housing and Permanently Subsidized Housing Without Services

Part I of this report concludes that the single largest "missing piece" in Berkeley's efforts to end homelessness is permanently subsidized, affordable housing. As rents rise while wages and fixed-income benefits stagnate, those who exit to unassisted permanent housing (for example, after a rapid rehousing intervention has ended) face ongoing risks of returning to homelessness in the face of ongoing housing market volatility. To reach functional zero in Berkeley, the single largest investment required will be in permanent rental subsidies for the majority of homeless people who are simply too poor—and do not have the capacity to increase their incomes--to make it on their own in Northern California's tight, expensive housing market.

We distinguish between two types of permanent subsidies—those with supportive services, and those without. The former is traditionally reserved for the chronically homeless, but we believe that only 50% of chronically homeless people in Berkeley require ongoing case management. The rest—as well as the rest of the homeless population unable to benefit from prevention, light-tough, or rapid rehousing assistance—will simply need permanent rental subsidies. This translates to roughly 218 permanent supportive housing exits, and 440 permanent subsidy exits, in year 1 alone.

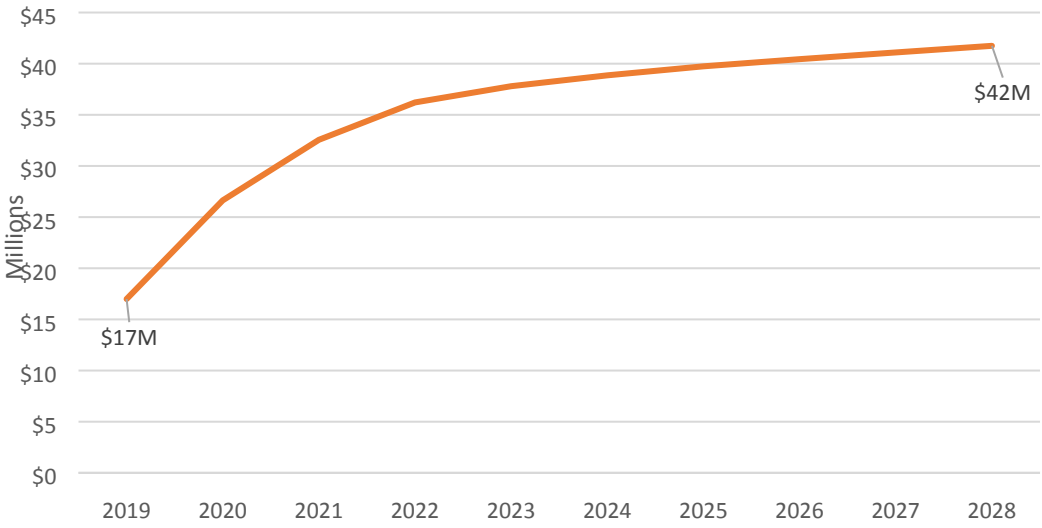
Figure 16 summarizes the annual costs[20] associated with this intervention through 2028. Note two important characteristics of the cost curve over time:

- First, the curve **increases over time** because permanent subsidies require a permanent fiscal outlay—as new individuals are housed each year, the overall fiscal commitment grows.

- Second, the curve **plateaus over time**. This is because (i) a large initial investment is required up front to address the currently homeless population, and (ii) as the portfolio of subsidies increases, a growing fraction of the need each year can be addressed with turnover.

[20] To calculate costs, we assume (i) apartments are rented at HUD rent-reasonableness rates for Berkeley (those data courtesy of the Berkeley Housing Authority); (ii) an average client income at SSI levels for 2018, with tenant rents at 30% of that amount; (iii) annual rent growths of 2% and annual program cost growths of 1%; and (ii) sufficient city staff and nonprofit administrative support to administer what amounts to 5 times the current Shelter Plus Care capacity in Berkeley.

Figure 16 Projected costs - subsidies and case management



Experimenting with Permanent Subsidy Variation

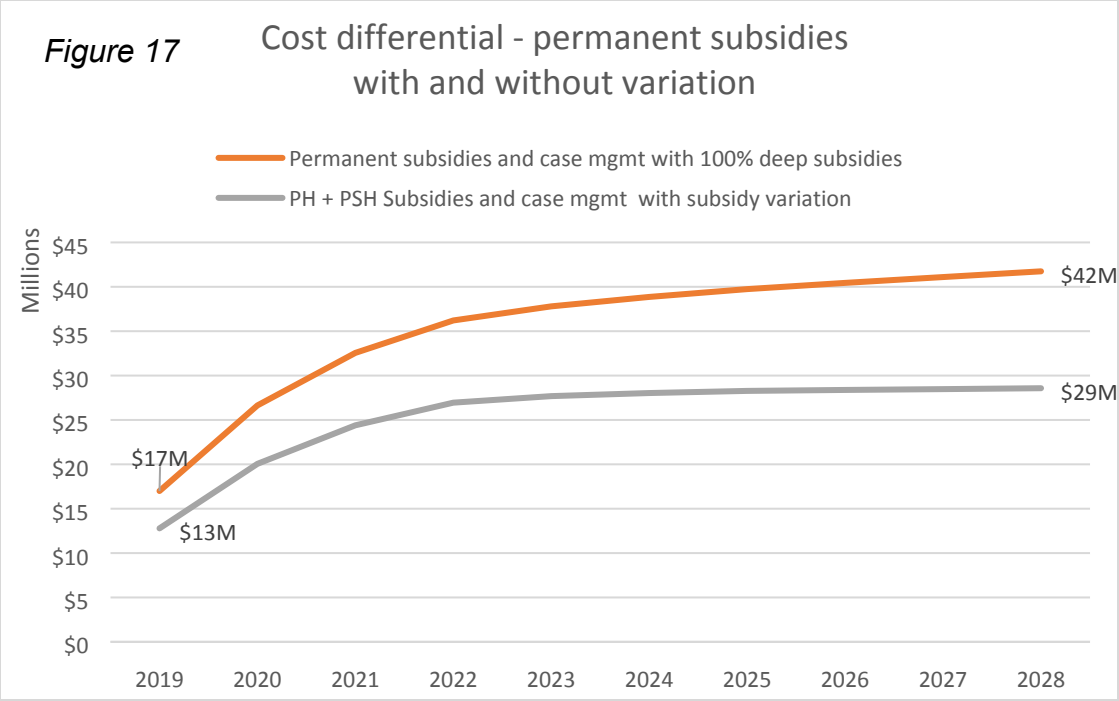
These cost estimates assume a "worst-case scenario" in which all individuals are housed at rents equaling 30% of their income, with subsidy to cover the difference. Emerging evidence suggests, however, that flat or shallow subsidies (for example, a fixed monthly subsidy of, say, $600 per month) can prove extremely effective at helping formerly homeless people maintain their housing over time.[21] If Berkeley were to pilot such an approach, yearly costs could be reduced. Following EveryOne Home's recommendation, for example, we calculated the annual costs if:

- 1/3 of the population had set-aside access to below market-rate (BMR) affordable units already subsidized for those at 50% AMI;
- 1/4 of the population were housed in market-rate apartments with subsidies covering 50% of the rent;
- 1/5 of the population received a flat subsidy of $600 per month (akin to the Basic Income experiment starting in Stockton in 2019[22]); and
- 1/4 of the population received permanent subsidy in market-rate apartments at 30% of their income.

Piloting such an approach to subsidy variation is predicted to have the cost differential effects depicted in Figure 17:

[21] See: https://www.urban.org/sites/default/files/publication/22311/413031-A-Proposed-Demonstration-of-a-Flat-Rental-Subsidy-for-Very-Low-Income-Households.PDF
[22] See: https://www.nytimes.com/2018/05/30/business/stockton-basic-income.html

Figure 17



Capital Expenses

The permanent subsidy expenses calculated above simply account for operating subsidy expenses; they do not account for capital costs to build new units. With vacancy rates in the greater Bay Area at historic lows as construction of all types of housing lags behind projected need—and as other Bay Area jurisdictions compete with one another for a shrinking pool of naturally-occurring affordable housing for their respective homeless populations—there are simply not enough units in the rental market to make an approach that relies solely on scattered-site, tenant-based subsidies viable. Some new construction, of 100% affordable projects and/or market-rate projects that take advantage of inclusionary zoning policies, will have to be a part of this solution over the long-run.

At the time of writing, the outcome of Measure O, the City's Affordable Housing Bond Measure, is unknown. If the measure passes, City officials must decide how to use the proceeds. If the City opts to utilize all of the $135 million in bond funds to construct new affordable housing, staff estimate that this one-time infusion of funds would result in approximately 450-750 new affordable housing units (at a City subsidy rate of $150,000-250,000 development cost per unit), with approximately 20% (or 90-150) of those units affordable to the homeless population. If other types of more costly housing are desired, the net new units would be fewer.

Total Expenses and Effects on Homelessness in Berkeley

The types and sizes of the interventions above are designed to help Berkeley reach "functional zero" by 2028. If each is adopted, it would come at an estimated annual expense of between $17 and $21 million in year one, growing annually to a total annual

budget obligation of between $31 and $43 million by 2028. Figure 18 depicts how annual expenses change over time, while Figure 19 depicts associated annual decreases in homelessness:

Figure 18

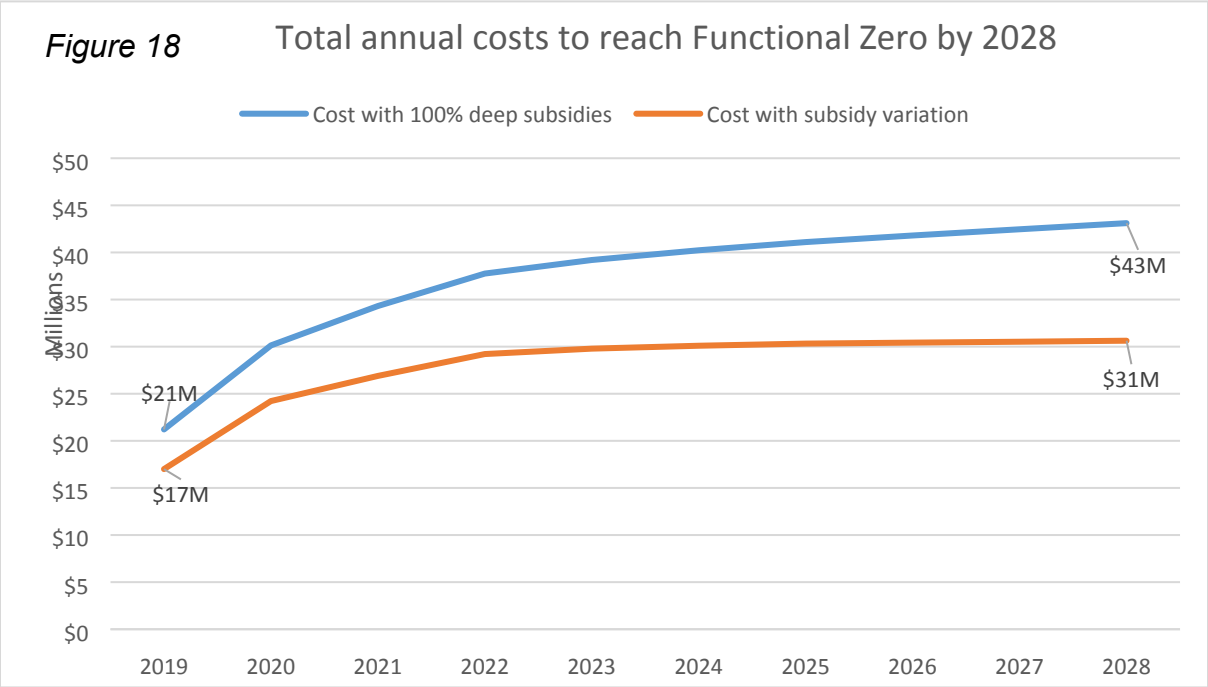
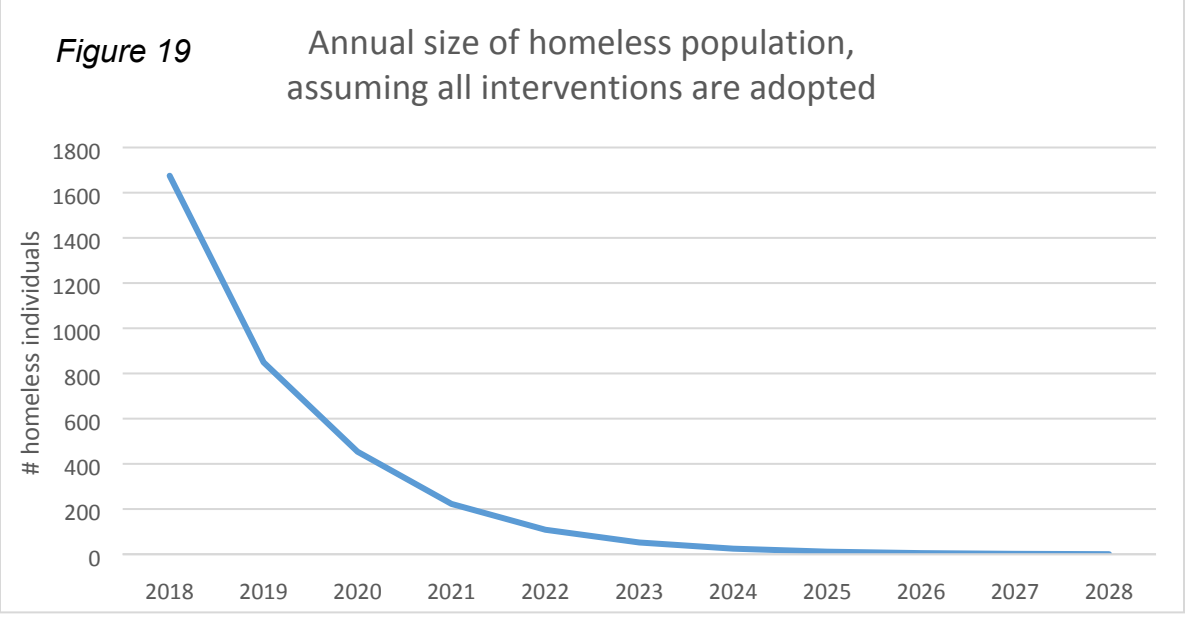


Figure 19



1000 Person Plan to Address Homelessness in Berkeley

To permanently end homelessness for 1000 people in Berkeley, we estimate that the resources outlined below will be required.

Inventory - slots needed	
Targeted homeless prevention slots	295
Light touch, no financial assistance slots	211
Rapid Rehousing slots	211
Permanent Supportive Housing (PSH) slots	218
Permanently subsidized housing (PH) slots	361
Outreach (FTE)	11
Cost *(all line items assume 20% nonprofit admin expenses and associated city staff costs)*	
Targeted homeless prevention slots	$1,326,230
Rapid Rehousing slots	$2,000,112
PH + PSH subsidies and case management -- 100% deep subsidies*	$15,347,297
PH + PSH subsidies and case management -- with subsidy variation*	$11,891,616
Outreach costs	$891,000
TOTAL ANNUAL COST -- 100% deep subsidies	**$19,564,639**
TOTAL ANNUAL COST -- with subsidy variation	**$16,108,958**

* *Represents an ongoing annual expense*

This amounts to an up-front expense ranging from roughly $16 - $19.5 million up front, with an annual ongoing expense of between roughly $12 – 15 million for permanent subsidies.

Part III – Strategic Goals and Recommendations

In the event the City is unable to finance the functional zero or 1000 person plan costs estimated above, staff offer the goals below as more realistic alternatives for Berkeley's budget and capacity. They are strategically designed to maximize potential federal drawdowns over time, and to recognize the role that Alameda County must play as a collaborative partner in the effort.

1. **Transform Berkeley's shelter system into a housing-focused Navigation System.** The functional zero analyses in Section I reveal that shelter users in Berkeley are (i) getting "stuck" in beds for lack of access to housing exits, and (ii) with Coordinated Entry, increasingly coming from a long-term and disabled homeless population. Berkeley's traditional year-round shelters have an average annual budget of $640,000—little more than 25% of the STAIR Center's budget. However, any shelter can be turned into a Navigation Center with sufficient staffing and flexible funding. To help move Berkeley's shelter system from one that is focused on *respite* to one that is focused on *flow* from the streets into housing, we recommend bolstering shelter budgets so they all reflect the priorities of the STAIR Center.

Achieving this goal will require an additional $4.8M in total new funding for shelters, growing annually with inflation/costs of living. This funds:

- New navigators, peer site monitors, and management at each shelter at highly competitive salaries to attract and retain top talent;
- Flexible subsidies and one meal a day for each bed;
- Overhead and training support for shelter staff.

Staff believe that this goal is appropriate and achievable for Berkeley given its position as a relatively small jurisdiction within Alameda County. Berkeley's general funds and powers of taxation are insufficient to generate the revenue needed to fund permanent subsidies at the numbers calculated in Section II of this report. Thus, Berkeley can provide the low-barrier, service rich navigation centers to help transition unhoused residents from the streets and into housing, but Alameda County administers increasing levels of State funding for homelessness (such as California Whole Person Care and various revenues stemming from California SB 850) and must take the lead in piloting permanent operating subsidies for its homeless population. Homelessness does not respect arbitrary jurisdictional boundaries within Alameda County; stronger county investment in permanent housing support is imperative for this local investment strategy to be maximally effective.

Even without sufficient permanent affordable housing to create "flow," there are still tangible benefits to investing in lower-barrier shelter models. As staff highlighted in a recent evaluation of the STAIR Center's opening,[23] lower barriers generally mean that higher-needs individuals are more willing to use shelter, addressing the "meanwhile" problem of very disabled and chronically homeless people sleeping on the streets.

2. **Reduce chronic homelessness by 50% by 2023.** In the event the County cannot provide new permanent subsidies, Berkeley has a robust federally funded Shelter Plus Care program with extensive expertise in the administration of permanent subsidies for chronically homeless individuals, and already funds a small number of permanent subsidies for chronically homeless people through the Square One program. By expanding Square One to 54 new vouchers in 2019 and 222 total vouchers by 2023, we calculate that Berkeley, on its own, can achieve the goal of reducing chronic homelessness by 50% by 2023.

   Increased funding for subsidies and staff can also help leverage Federal support over time, as HUD funds are increasingly tied to measurable reductions in yearly homeless counts. Tackling chronic homelessness is an effective way to bring overall homeless counts in Berkeley down, as Berkeley's rate of chronicity (27%) far exceeds the national average (roughly 15%).

[23] See: https://www.cityofberkeley.info/Clerk/City_Council/2018/10_Oct/Documents/2018-10-09_WS_Item_01_An_Evaluation_of_the_Pathways.aspx

Achieving this goal will require:

- An additional $1.3M in funding in year 1, growing to $5.1M annually by 2023.
  - Administrative, staff, and services costs total $370k in year 1, and $1M annually by 2023.
  - Subsidy expenses total $900k in year 1, and $3.9M annually by 2023.
- New and existing below market-rate unit set-asides for chronic homelessness.

3. **Enhance the Accuracy of Homeless Prevention Interventions by Targeting to Need.** Our ability to accurately target homeless prevention resources to people who are actually going to become homeless remains low.[24] Most people who are unstably housed in this country do not become homeless; our functional zero analyses necessarily assume that large numbers of people cannot be prevented, even with additional resources. For these reasons, discussed in more detail in Section II, we do not recommend focusing on homeless prevention at this time. Instead, we strongly recommend (i) targeting all prevention funds to those who are previously homeless and at risk of returning from rapid rehousing or permanent supportive housing interventions, and/or (ii) piloting a new, targeted approach to homeless prevention that prioritizes applicants based on imminent homelessness and relative level of need, and lowers barriers to receiving aid (such as certain documentation requirements).

   Achieving this goal will require an additional $1.5M annually through 2023, growing annually with inflation/costs of living. This funds:

   - Flexible funds for keeping previously homeless people housed;
   - Administration and flexible funds for a pilot Coordinated Entry approach to prevention that prioritizes based on need.

4. **Continue to implement changes to Berkeley's Land Use, Zoning, and Development Review Requirements.**
   Even if Council funds sufficient scattered-site housing subsidies, there is not enough available housing stock to utilize them--all Bay Area cities are competing for the same limited supply for their own homeless populations. Staff believes new housing construction will have to be part of any long-term plan to end homelessness in Berkeley.

   An emerging body of research links high housing costs and low vacancy rates—and therefore, high rates of homelessness[25]—to land use and development regulations that restrict the creation of new housing of all income levels.[26] For example, a 2015

[24] See: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.926.5184&rep=rep1&type=pdf
[25] See: http://urbanpolicy.berkeley.edu/pdf/qrs_restat01pb.pdf
[26] See, for example, https://lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf

report from the bipartisan California Legislative Analyst's Office[27] found that urban density is growing at a slower rate in Coastal California relative to comparable metro areas nationally, in part because California's local governments (i) impose slow and cumbersome project review standards (each additional layer of independent review was associated with a 4 percent increase in a jurisdiction's home prices); (ii) impose growth controls, such as limiting height and densities via zoning regulations (each additional growth control policy a community added was associated with a 3 percent to 5 percent increase in home prices); and (iii) use CEQA and other design review processes to regulate housing construction (only 4 other states impose similar review standards). Such local policy decisions, the report concludes, are worsening California's income inequality, increasing poverty rates, increasing commute times, and forcing lower-income residents into crowded living situations.

Between 2014 and 2016, San Francisco and San Jose were the second and fourth highest performing metro economies in the world, respectively, as measured by employment and GDP growth per capita.[28] Berkeley—caught in the middle of these two global economic powerhouses—will likely continue to experience housing shortages as wealth accumulates amidst an inelastic housing supply.

Because similar pressures are emerging in other metro areas, Federal funders of affordable housing and homeless services are beginning to take note:

- For the first time, the US Interagency Council on Homelessness' new Federal Strategic Plan to Prevent and End Homelessness, released in July of 2018, recommends that local governments begin *"Examining and removing local policy barriers that limit housing development in the private market and have adverse impacts on housing affordability."*[29]
- HUD has begun a stakeholder engagement process to reform enforcement of the Fair Housing Act by tying federal grants to less restrictive local residential zoning regulations.[30]

With this in mind, the pace with which new housing is currently being developed in Berkeley will likely not accommodate a declining annual homeless population over time. Staff recommends that Council heed the emerging funding pressures noted above and continue the difficult process of examining how local land use restrictions can be reformed with a specific eye towards alleviating homelessness.

Costs and Impacts of Strategic Goals and Recommendations

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[27] See: https://lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf
[28] See: https://www.brookings.edu/research/global-metro-monitor-2018/
[29] See p. 20: https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf
[30] See: https://www.wsj.com/articles/hud-moves-to-shake-up-fair-housing-enforcement-1534161601

Figure 20 summarizes the annual costs associated with strategic recommendations #1, 2, and 3 above, while Figure 21 highlights the relative impact these goals would have on the city's homeless population through 2023.

Figure 20

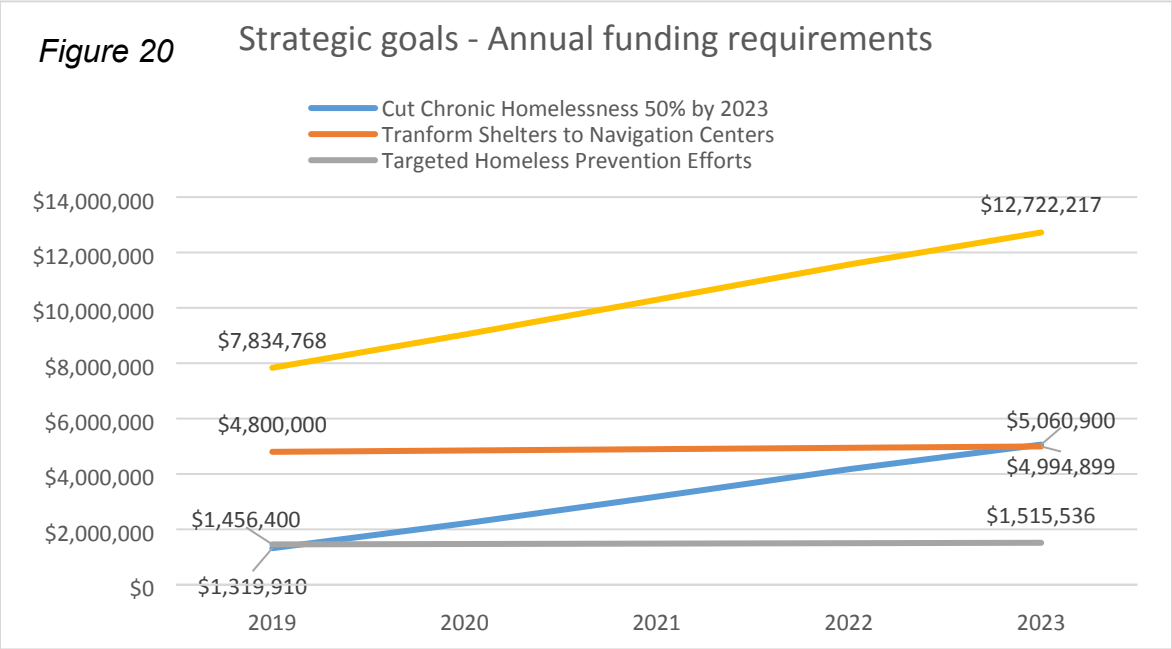
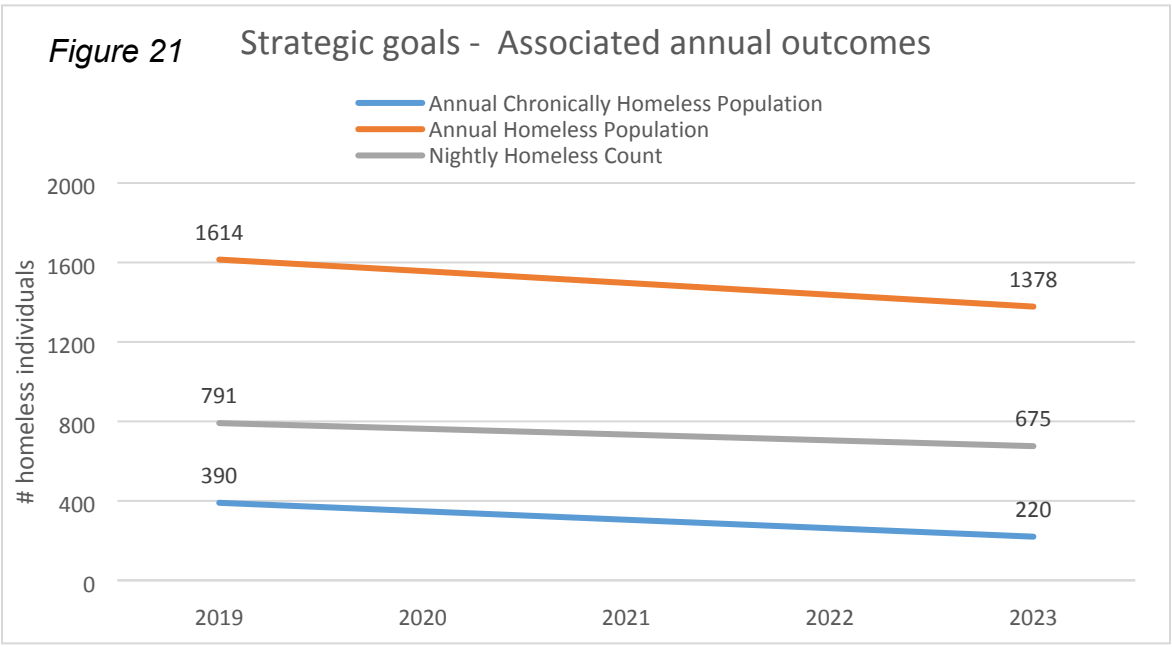


Figure 21



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Human Welfare and Community
Action Commission

January 2018
ACTION CALENDAR

To: Denah Bookstein, Chairperson, HWCAC & Human Welfare and Community Action Commissioners

From: Remi Omodele

Submitted by:

Subject: Imminent Closure of the Alta Bates Summit Hospital

RECOMMENDATION

Direct Council to:

Seek alternative ways to keep the hospital functioning fully. Running the hospital as a City or County or Teaching hospital or all three should be weighed seriously.

Berkeley citizens' full awareness of the state of Alta Bates is critical. As such, actively and rigorously engage the citizens to mount a robust opposition to Summit Organization's proposed closure of the hospital.

Device effective means to inform each district about the full implications of such closure, and ultimately, rally Berkeley districts against the closure.

RATIONALE FOR RECOMMENDATION

Berkeley citizens need to be adequately informed, and in a timely manner, of crucial developments in matters as critical as the closure of the only major hospital in the City.

If you were one of the few visitors to Sen. Nancy Skinner's website as SB 00687\Health facilities awaited Governor Brown's signature, you were asked to "send a message to let Brown know how you feel…" One wonders now how many visited or responded.

Perhaps more egregious is Berkeley's overall obliviousness to the developments at the Alta Bates. A shocked neighbor sent out the following memoranda in October, 2017: "We were surprised when the BFD paramedics said they had to take [x] to either Summit or Kaiser in Oakland. Alta Bates is much closer. So why not there?"

Shorter commute to care center and easier access to care when most needed can save lives. Berkeley, with a huge population of college students and elderly citizens, needs a hospital.

From 1996 to 2009, according to Sen Skinner, California experienced a 12% reduction in hospital emergency departments despite a 27% increase in visits. According to Interim Fire

Chief, Dave Brannigan, "Sutter Health closed the heart catheter lab at Alta Bates many years ago, and they allowed their "Stroke Center" qualification to expire about two years ago." Why does Berkeley tend to stand by helplessly as these events unfold?

Alta Bates Hospital has been in Berkeley for many decades. Named for a female nurse, it started out as a stand-alone non-profit hospital. How and why did Sutter acquire this institution apparently without our City's intervention? Why did Berkeley allow Sutter--an absentee purchaser with a history of closing down hospitals it deems unprofitable--to take over this vital resource so effortlessly? Why do the citizens of Berkeley tend to be ill-informed or uninformed--even now--about these circumstances? Is it actually true that Sutter--which is rumoured to have accumulated about $2 billion from the Alta Bates deal--cannot afford to finance the retrofit mandated by the State of California? Is the closure of Alta Bates really the best solution available or inevitable?

FISCAL IMPACTS OF RECOMMENDATION

Taxation (in addition to grants from philanthropists and departments of education)

CURRENT SITUATION AND ITS EFFECTS

It is encouraging to see that Ms Kate Harrison recently rallied her district and other Berkeley citizens to a "Stroller Brigade" to help stop the closure of the Alta Bates Medical Center. Similarly, the California Nurses Association deserves credit. These are some of the forms of activism that may save the hospital.

For a while, many believed that Senator Nancy Skinner's SB 687 would be signed into law by Governor Edmund G. Brown. If signed, the law would have directed the Attorney General to consider the impacts the closure would have on the accessibility of necessary health care services. Such consideration or intervention would most likely have deterred the closure, but (although it passed both houses) the Governor declined (on Oct 14, 2017) to sign the bill.

So the risks feared by the Mayor, Council and the citizens of Berkeley remain. According to Senator Skinner, "studies evaluating the impacts of hospital closures show that loss of hospital emergency departments increase the risk of death by 15% for patients who suffer a stroke or heart attack. The farther you live from an emergency room the more your life is at risk." As Jon Fischer (President of Berkeley Firefighters Association, IAFF Local 1227) states, "California already has the fewest emergency room services per capita in the nation. Further emergency room closures put patients and first responders at needless risk," Similarly, Sen Skinner adds: "The 2015 closure of San Pablo's Doctors Medical left over 200,000 residents in West Contra Costa County with only one full service hospital, the 50 bed Kaiser Richmond facility. While northern Alameda County residents fare better, Berkeley's Alta Bates hospital closure in 2030 will leave residents along the I-80 corridor from Rodeo to Emeryville in a virtual hospital desert". Dr. Larry Stock MD FACEP (President of the California Chapter of American College of Emergency Physicians) also states, based on his and his colleagues' experience, that "As emergency physicians, we know the people we care for are in serious need of our services. It's not just our day-to-day experience, research confirms higher mortality for people when an ER closes and that those who are most at-risk are those who are most vulnerable – the poor, the underinsured, the very sick".

BACKGROUND

Even as SB 687 moved to the desk of Governor Brown, the Summit Organization continued to wind down Alta Bates. According to our Interim Fire Chief, Dave Brannigan, "Sutter Health closed the heart catheter lab at Alta Bates many years ago and they allowed their "Stroke Center" qualification to expire about two years ago."

Although it is true that many patients with significant physical trauma have always gone to Highland, Eden, St. Francis in San Francisco, Kaiser or Children's in Oakland, for proximity and quality care, Alta Bates has been Berkeley's hospital of choice. Even for neonatal emergencies for both the newborn and mother, Alta Bates is overwhelmingly considered by most Berkeley citizens as the City's first choice.

ENVIRONMENTAL SUSTAINABILITY

Alta Bates has existed in its current location since the early 1900s with no environmental sustainability issues.

ALTERNATIVE ACTIONS CONSIDERED

Council should seriously consider other methods to keep the hospital in Berkeley. San Francisco's Chinese Hospital--a hospital in San Francisco's Chinatown and perhaps the only Chinese hospital in the US--provides a solid model. Operating the Chinese Community Health Plan which serves the elderly, poor and immigrants from China in the San Francisco area, the hospital staff render services to a diverse body of patients who use Mandarin, Cantonese, Taishanese and other Asian languages. In theses ways, it provides an alternative to San Francisco General Hospital particularly for patients with socio-economic and language barriers, thus proving that any town can use more, not fewer, hospitals.

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